

# CHEMIST & DRUGGIST

the newsweekly for pharmacy

April 30, 1988

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**All-inclusive  
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condemned**

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**NPA under OFT  
investigation**

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**SDC's toiletries  
'top ten'**

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**Vestric unveil  
Super Vantage  
at Marbella**

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**Pharmacy in  
practice: Booth  
interviewed**

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**Share scheme  
resolution at  
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**Published Saturdays by Benn**

**Publications Ltd**, Sovereign Way,

Tonbridge, Kent TN9 1RW

Telephone: 0732 364422

Telex: 95132 Benton G

Facsimile: 0732 361534

**Subscriptions:** Home £70 per annum.

Overseas & Eire £87 per annum including

postage. £1.45 per copy

(postage extra).

Member of the Audit

Bureau of Circulations

ABC

**Regional advertisement offices:**

Midlands: 240-244 Stratford Road, Shirley,

Solihull, W. Midlands B90 3AE 021-744

4427. North East and North West: Graeme

House, Chorlton Place, Wilbraham Road,

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6BQ 0272 564827.

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ISSN 0009-3033

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## COMMENT

The demise of the cost-plus contract was heralded by the 1988-89 contract package agreed recently by the Pharmaceutical Services Negotiating Committee (p817). The unilateral, May 1 imposition of an additional across-the-board discount to take account of parallel imports, and the reduction of the stockholding period to four weeks before inquiry, confirms a new tougher attitude at the DHSS (p816). Industry and the profession have combined to condemn as iniquitous this new financial penalty that will be carried both by those who have not dealt in imports for professional reasons, as well as by those who have taken advantage of cheaper prices. We have said before that Government can be two-faced when presented with a choice of driving down drug prices, and in this case quality, or of sustaining a sensible market. Government is encouraging the proliferation of PI, for the benefit of the taxpayer not the patient. At a time when the volume of imports is at an all time low: why bother?

However, it is the deferred payment terms of this year's remuneration package for services already rendered that should infuriate contractors. PSNC has been hoist with its own negotiating successes of earlier years, compounded

by the beat-the-new-contract bulge in premises caused by the Government's legal ineptness and cowardice. Not only has Government failed to honour its new contract commitment to settle up before a new financial year begins so as to avoid repayment or clawback, it did not move to establish either the principle of payment or the size of the global sum for 1988-89 until it was sure it could limit the size of the settlement by pre-empting inquiry cost findings.

The cosmetic reduction of the size of the pharmacy settlement on the one hand from the 18-20 per cent resulting from the labour and overheads inquiry, to the 9.7 per cent on account, apparently accepted by PSNC as politically expedient, cannot camouflage the fact that contractors have been temporarily shortchanged this year, nor that they stand to be permanently disadvantaged next year. The new contract, sold to contractors as an anti-leapfrog device that would eventually bring better control and distribution of community pharmacies along with a wider range of health service, seems set to be the Exchequer's brickbat. If PSNC has been buying time for pharmacy then so be it, but perhaps it could have pointed out earlier that the fuse was so short.



# Widespread dismay at parallel import clawback

"Grossly unfair" and "quite iniquitous" are just two of the reactions to the announcement by the Health Minister of an increase in the discount recovery scale for May 1 to include discounts obtained by parallel imports.

Pharmaceutical Services Negotiating Committee chief executive Alan Smith, speaking at the Vantage Convention in Marbella called the imposition of a 0.34 per cent increase in discount clawback — which takes the average discount clawed back to 8.1 per cent — the worst news he had had since joining PSNC over 12 years ago. "It is grossly unfair that those who do not indulge should be penalised."

In his letter to PSNC chairman David Sharpe outlining the proposal, Mr Newton says that the Government's intention is "not to encourage increased use of parallel imports, but to recover the discounts obtained, without reducing the ability of importers to compete in the marketplace, since this could be contrary to our obligations as members of the European community."

In a formal response to the Minister, PSNC vice-chairman David Coleman says that any agreement by PSNC to this proposal would be "totally out of the question".

"The measure which is proposed will inevitably result in an increased use of parallel imports by pharmacy contractors because, if for no other reason, the discount will be deducted arbitrarily 'across the board' from all contractors, including those who have never used parallel imports. Your action may even encourage the use of parallel imports to such an extent as to exhaust supplies and cause difficulties in the general supply of UK medicines within Europe," Mr Coleman continues.

He adds that at a meeting between PSNC representatives and Mr Newton on March 28, at which the Minister first announced his intention, PSNC voiced strong reservations as to the effect such an increase in PI use would have on patients. "The Committee considers that the supply of parallel imports can in

the long run serve only to confuse, particularly where the item is of a different shape or colour from the UK product to which the patient has become accustomed. We are also concerned that recall procedures may not be as effective in the case of parallel imports."

Mr Coleman points out that in the past PSNC has co-operated with the Government in schemes to recover discounts from contractors who used parallel imports — a reference to the ill-fated "high discount" (HD) scheme which faltered in the courts. PSNC *would* co-operate in any selective scheme, but "must register its complete opposition to the current proposal".

## 'Iniquitous discounts'

Speaking after the National Pharmaceutical Association's Board meeting on Tuesday, director Tim Astill said that the Board was in favour of the cost-plus contract which meant they had no objection to a discount being applied to those contractors who have actually had the discounts themselves. "But we think it is quite iniquitous that an 'across the board' discount should be applied in respect of goods which will probably not be available to all contractors."

A spokesman for the Association of the British Pharmaceutical Industry told C&D it agreed that in principle that any clawback in respect of parallel imports should be directed at those who have dealt with the products concerned.

But the industry also has other concerns that the Government's action might encourage an increase in parallel importation "to the detriment of production and employment in this country."

For the Association of Pharmaceutical Importers, chairman Brian Lewis says that the repercussions of the Department's decision are not as simple as they might seem. "One may think that the API would be pleased to hear the DHSS giving their backing once again to parallels, and encouraging pharmacists to use them or lose

out. But I wonder if there will be enough pharmaceuticals to go round. I can see a situation where pharmacists are being penalised so that they have to use parallels, but then not being able to get hold of the products anyway."

Mr Lewis said PI trading was now restricted to a small range of products among the hundreds licensed, with others not being imported at present due to non-acceptability to pharmacists, or economic factors connected with the current strength of sterling.

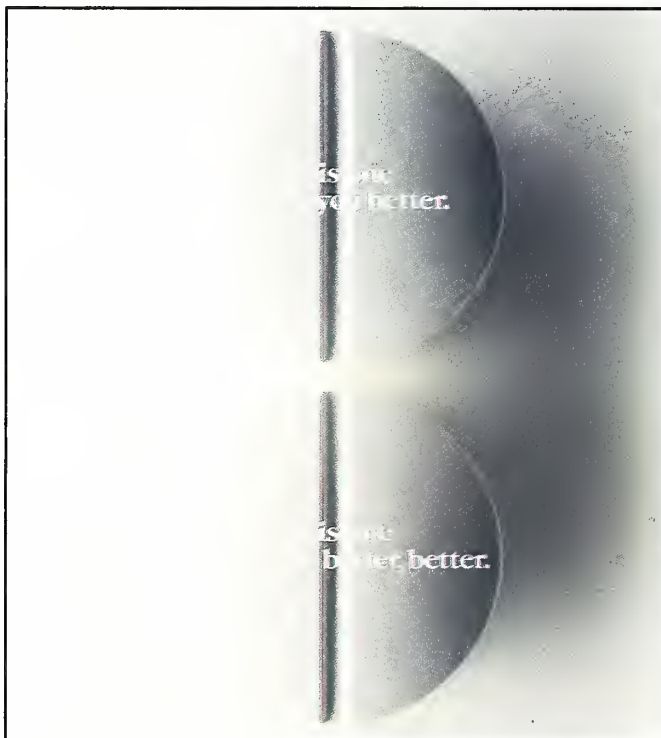
■ Council has written to the MoH urging him to defer the PI proposal in the interests of "patient confidence and care". It predicts increased PI usage with compliance and recall problems.

## PI dispensing: the DHSS view

Health Minister Tony Newton, in his letter to PSNC announcing the extra "PI discount", has set out the Department's view of the law that applies to dispensing parallel imports.

Mr Newton says: "Firstly, pharmacists only dispense products which are the subject of parallel importation which are licensed — that have a PL(PI). Secondly, pharmacists must dispense in accordance with what the doctor or dentist has prescribed. If a prescription is written generically, any licensed product which conforms with that generic prescription may be dispensed. If a prescription is written using a proprietary name, only a product bearing that name may be dispensed."

"The last point is the subject of litigation. However, the High Court has interpreted the law as above, and that interpretation stands unless and until the Court of Appeal decides otherwise. The matter has been referred by the



The latest advertisement in the National Pharmaceutical Association's "Ask your Pharmacist" campaign appears this weekend in the TV Times and later in the Readers Digest, Good Housekeeping, Practical Health, Essentials, Chat and Women's Own. Andrew Carnegie, of advertising agency Cromer Titterton, says the advert marks an interesting development in the campaign. "To date we have addressed those areas where pharmacists can give advice, particularly where minor ailments are concerned. This advert underlines his role in the local health care team. It is this unique positioning that our research shows is now leading to a wider recognition," he says.



Court of Appeal to the European Court of Justice and it will be some considerable time before there are any further developments.

"Meantime, while I would not think it right for Service Committee action to be pursued against pharmacists who dispensed parallel imports against a prescription written using a different proprietary name before the High Court's decision was known, there is no reason why Service Committee action should not be taken against pharmacists who act in this way now that the High Court's decision is known."

## Contract debt?

The Pharmaceutical Contractors Committee is to write to the DHSS in Northern Ireland demanding that negotiations begin to determine how the "substantial sums owing to contractors in the Province" be apportioned.

Secretary Thos O'Rourke told C&D that the DHSS had not made any approaches to the PCC over 1988-89 remuneration package, and was presumably waiting on a successful conclusion of Scottish negotiations, now deadlocked — NI negotiations usually follow the Scottish model. Mr O'Rourke said the Scottish global sum was not likely to be fixed until June but that he expected that, like the English and Welsh figure, it would be substantially increased.

## PPSCs role in residential contracts?

A role for pharmacy practice subcommittees in deciding who gets the contracts for residential homes has been proposed by PSNC chief executive Alan Smith.

The Department of Health is currently drawing up a code of practice for services to homes. Up to £1.8m will become available to contractors providing such a service in October.

Such contracts, like those for oxygen, will be additional to the basic NHS contract. "I would not like to see the PPSC as the sole arbiter without taking into account the views of the LPC and the district pharmaceutical officer," said Mr Smith.

He has suggested that the contract go in the first instance to the pharmacy currently providing the service. However, no details have been agreed with the DHSS.

# Cost-plus contract to go?

The Government will not commit itself to continuing the present remuneration system beyond March 1989. The Pharmaceutical Services Negotiating Committee was informed of the fact in a letter confirming pharmacists remuneration for 1988-89.

The letter goes on to point out that although a study of the proprietorial lead is to go ahead next year, along with a discount inquiry, "the conclusions of these various exercises should not necessarily be regarded as having application beyond March 1989".

However, the Department does promise to meet any payments currently agreed which will take place after next March.

PSNC chief executive Alan Smith says no alternative system of remuneration has yet been proposed. He warns community pharmacists could find themselves in the same situation as the hospital sector. He strongly condemns the Department's attitude (see p837).

If the DHSS does abandon the cost plus system next year the new contract will have been in place for only two years.



'And I thought this was the NHS lottery...'

## AIDS vaccine trial

The AIDS unit at St Stephen's Hospital in London, is to conduct a clinical trial into a vaccine against the HIV virus.

The vaccine is based on a synthetic peptide called HGP-30 which resembles a core protein of the HIV virus, P17.

In theory antibodies raised to HGP-30 would provide immunisation against all strains of the virus. And because it is a

peptide there should be no untoward effects, Mr Max de Clara, chairman of Viral Technologies Inc, American manufacturer of the vaccine told C&D.

The first phase of the study, to establish dosage levels and toxicity should be completed by the end of the year and then investigations into efficacy of the vaccine can be commenced.

# OTCs promotion boosts pharmacy

OTC medicine manufacturers have been promoting their products more heavily towards the pharmacy trade in the past 18 months in the belief that the consumer values the reassurance and confidence that buying from a pharmacy can provide, according to the Mintel 1988 Home Healthcare report.

The chemist sector still takes the major share of OTC medicine sales (70-75 per cent in 1987). Only with dietary supplements, stomach remedies and medicated confectionary does it take 50 per cent or less of the market.

Independent chemists are cited as the usual source of OTC medicine purchase by 37 per cent of housewives, Boots by 54 per cent and supermarkets by 16 per cent. And over 80 per cent use a pharmacy because they perceive it having a wider range of products.

Consumer attitudes to pharmacists have been influenced by the NPA's advertising campaign, a BHRB Mintel survey has found. Over 55 per cent of

housewives agreed they would ask their local pharmacist for advice. Of the 45 per cent who said they would probably not, a markedly higher than average number were elderly.

Almost three quarters of the sample agreed that pharmacists were as effective as doctors when it came to providing advice and product recommendation for minor ailments. This was especially valid in the 15-24 age group and in respondents with children.

Resale price maintenance makes GSL medicines attractive product lines for the grocery trade because of their high margins. Supermarkets are used as a source of medicine purchase most frequently by those in the London TVS area (22 per cent) and Anglia/Central (16 per cent). Half the housewives surveyed thought it would be a good idea if the local large supermarket opened an in-store pharmacy, leading Mintel to suggest this could be a profitable area for the grocery multiples to explore.

Industry sources suggest the total OTC medicines market will show a growth rate of 7-8 per cent in 1988 and Mintel puts the value of the 25 product sectors analysed in the report at £626m. The market will have risen to £750m by 1990, Mintel forecasts, especially if the current pressure on NHS costs continues and Government and industry bodies continue to promote better health care.

With the increasing importance of the pharmacist in primary health care it could well be that the chemist trade will strengthen its dominant share of the OTC market over the next five years, says Mintel, especially among those that most need professional advice: the elderly and mothers with young children.

The Home Healthcare Report (£550 from Mintel Publications, KAE House, 7 Arundel Street, London WC2R 3DR) also looks at the major OTC manufacturers, product sectors, the major chemist and drug outlets and retailing trends.



# NPA under OFT investigation

The National Pharmaceutical Association is being investigated by the Office of Fair Trading over its 1982 guidance notes to pharmacists affected by health centre developments, following its refusal to accept for membership the Fulham surgery pharmacy run by the doctor's wife, Mrs Gossain.

In the wake of the Government Green Paper on the review of Restrictive Practices Policy, director Tim Astill fears similar publications and actions for members could be curtailed as being restrictive practices.

The NPA submitted its health centre guidance to the OFT as evidence that its views on the inappropriate size of the Gossain pharmacy were not novel and were long-held. The OFT is taking the view that the advice given in the document, produced in conjunction with the Pharmaceutical Society and Pharmaceutical Services Negotiating Committee, could constitute a "registerable" agreement under present law.

If it is deemed to be a registerable agreement, then because the NPA has not registered it but has allegedly enforced it in the Gossain case, the Association could be called to the Restrictive Practices Court.

Mr Astill says that even if an agreement is registered, if the adversely affected body can show it has suffered damage or loss

because of it, then it can take the parties to the agreement to court where they have to prove they have acted in the public interest. If they failed to do so, and did not honour any undertakings imposed by the Court, then their leaders could end up in gaol for contempt.

If the suggestions in the latest Green Paper were to be followed through then all such agreements would have to be registered,

whether "enforced" by the relevant party, or not. Mr Astill suggests this would prevent the Association acting effectively in the interests of independent pharmacies. For example, it would not be able to overtly advise its members not to buy goods from a particular manufacturer that was acting against the interests of pharmacy.

However, a large retail chain

would not have to issue any such advice or register any such agreement. It could act unilaterally and not buy that manufacturer's products. It would not be subject to that law because it was a single legal entity.

Under the proposed new law Mr Astill says companies or bodies found to be operating any restrictive practice could be subject to fines.

## Pharmacist gets nine months for drug thefts

A 33-year-old Bridlington pharmacist who admitted stealing £5,000 worth of drugs from Selles Chemists was given a nine-month jail sentence — three to be served immediately and the remainder suspended — when he appeared before Beverley Crown Court last week.

Edward Alan Clarke, a former manager who had worked for the firm for 11 years, pleaded guilty to two charges involving a total of 322 items, most of which were Prescription Only drugs.

Prosecuting counsel Mr John Finstein told the court that Mr Clarke had pursued a dishonest course in order to ease the financial burden of setting up his

own business in Scarborough. He had been paid £18,000 a year, and the last year he was with the firm he had been given a £2,000 bonus.

Last December, a spot check was made "as the result of suspicious circumstances" and a subsequent search of Mr Clarke's home by police unearthed the stolen items in a bedroom, a garage, and the boot of his car. When interviewed, Mr Clarke admitted the offences immediately and explained to police how he had put the stock into boxes, hidden them in a sink, then taken them home when the rest of the staff had gone off duty. All the property had been recovered.

Mr Paul Genney, counsel representing Mr Clarke, said it was a sad case of a man who had shouldered considerable responsibility but succumbed to temptation. Setting up his own business was a big step which had weighed heavily on him. It was the practice in chemists shops, said Mr Genney, for drug companies to give extra "bonus" stock, and about 25 per cent of the stolen drugs came under that category.

Mr Clarke, he said, had lost far more than money; he had lost his good name. He had always run Selles business properly. Now he faced disciplinary action from the Pharmaceutical Society.

Passing sentence, Judge Jack Walker told Clarke he had "behaved greedily, dishonestly, and in breach of his firm's trust".

**Regulations** which came into effect on April 13 prohibit the administration of growth hormone promoters to animals except for therapeutic purposes or for certain other reasons concerning fertility or reproduction. The Medicines (Hormone Growth Promoters) (Prohibition of Use) Regulations 1988 (SI 1988 No 705; HMSO £0.85).

## 'Quantum practice leap'

Now is the time for a quantum leap in pharmacy practice, said Professor Geoff Booth, newly appointed Professor of Pharmacy Practice, Bradford University, when presenting the annual address of the College of Pharmacy Practice last week.

The environment was favourable for such action, he said, particularly after the Nuffield inquiry's endorsement of the principles involved and the Government's White Paper which promised that funds would eventually be available for practice research. Dedicated pharmacists were needed to emulate those who had previously led the profession through crises.

While appreciating the financial constraints of recent years, the speaker felt academics had been neglectful in not establishing an agreed undergraduate practice syllabus. They should now establish it as a discipline and use it to integrate the three established subject areas as a cohesive study.

Strong encouragement should be given to those wishing to participate in joint practice and academic appointments and ways of funding the appointments should be explored, the professor continued. Ways of providing formalised continuing education should be investigated and the schools properly funded for this contribution. A longer term effort should be directed towards raising the status of membership of the CPP; participation in the exams had to be a priority and the standard increased. And a pharmacy practice grouping, based on the Pharmaceutical Society's informal law and ethics group, should be established.

■ John Balford, chairman of the College of Pharmacy Practice has been presented with display stands for use at CPP meetings by Sterling-Winthrop Group director and CPP governor Bernard Hardisty.

## Drugs and education

Education aimed at warning young people against drug abuse must be part of a much broader education in social skills, according to Jeff Lee, executive officer, Teachers' Advisory Council for Alcohol and Drug Education.

Mr Lee told a symposium on volatile substance abuse in London on Tuesday that drug education should also concentrate on promoting high self-esteem and self-confidence, and on teaching children how to cope with their emotions, moods and personal relationships.

Barrie Liss, director, Re-solv, agreed that education in this broad sense was a better form of prevention than further legislation. Making glue sniffing illegal would tend to drive it underground and deter parents and children from seeking help. He suggested that the Intoxicating Substances Act 1985, which made it an offence to supply under 18s with a volatile substance if abuse was likely, could be made more

effective if a definite agency was made responsible for enforcing it. Only seven prosecutions had been brought under the Act.

Re-solv is about to launch a video and booklet, "A bombshell: what every parent should know about solvent abuse", and is planning a directory for those involved with solvent abuse problems.

## Condom wars

From May 1, the Virgin Healthcare Foundation is reducing the price of Mates condoms to all regional health authorities by "at least 50 per cent", making Mates (natural) 4p each.

The first regional contract was negotiated with Mersey RHA, which says it will save "at least £44,000 a year". Virgin Healthcare estimate national savings of over £1m if all RHAs took up the offer.



## Stemetil II: the sequel

May & Baker are again asking pharmacists to check their Stemetil tablets for tablets which are white in colour, and therefore do not comply with the UK Product Licence (C&D November 7, 1987).

The company says that batches of the old formulation of Stemetil, which are off-white to cream in colour, originally exported to the Far East, are being offered to UK pharmacists. Batches known to be involved are DX1160, DX1161, DX3834, DX3835, DA1394, DA1392, DX2708-11 and DX2058-62.

Mr Proctor suggests pharmacists should be suspicious of any May & Baker goods being offered in the UK at a discount price, as it is company policy "not to discount prescription drugs to any wholesaler in the UK".

## Premises down 61

For the third month running, there has been a large fall in the number of registered premises on the Pharmaceutical Society's Register. In March, the total was down 61 to 11,820. Losses for the first three months of 1988 total 167.

In England (excluding London) additions were eight, while deletions totalled 55. Scotland was the only other area with an addition, and this was set against seven closures. In Wales there were two deletions, in London six.

The number of additions to the Register, nine, of which C&D understands four are "minor relocations", is the lowest monthly total since the five recorded in April 1980.

### PSGB COUNCIL

### STATEMENT

## Paracetamol

Because of the serious consequences of overdose with paracetamol, the Council advises pharmacists that containers of solid dose preparations containing paracetamol, should bear the following cautionary label:-

"Do not take more than two at any one time. Do not take more than eight in twenty four hours"

Representatives are being made to the DHSS that the same wording should appear on relevant products for retail sales.

# TOPICAL REFLECTIONS

*by Krayser*

## More sense?

Lovely to read that Health Minister Edwina Currie, our junior Boadicea, is favouring a treatment period of 28 days, which as a four week stint has always made more sense than 30 days, as well as suggesting only two weeks for a first time treatment, and five days for antibiotics. This latter no doubt with some exceptions. If, as the Editor says we could combine this with monthly repeat scripts, then there would automatically follow a much closer degree of control, and thus considerably less avoidable waste.

Our dispensing fees — remember we are on piece work — should offset the loss of turnover profit, currently supposed to be 5 per cent. Unfortunately I seem to be making less than this. The discount taken from my FPC statement showed a shortfall on the wholesaler discount of just over £120 for December scripts. I use two wholesalers and the second gives me nothing. I complain not to him, since it is fair that he makes some profit from my second line account. I imagine the balance is to be made up from the generic profits? I'm not doing so well on these, in December "gaining", if that is the word, just over £80 savings on Tariff prices. So I lose £40...? Presumably I am supposed to pick up the balance from parallel imports....

## Compassionate compensation

The period during which compensation for relinquishing the contract will be paid is to be extended to October '88 at full rate. I think it's good news and may encourage more to accept. It is also an acknowledgement that Government made a great mistake in allowing a two year delay in closing the contract. We, of course, will have to pay the compensation ourselves from the global sum. However,



for once, I'm not too upset because, in the long run, those who remain will benefit from enhanced businesses and greater security. It won't hurt us to pay.

## Unichem again

Mr John Newbould has apparently enough supporters for his proposition to be able to call an extraordinary meeting of Unichem members. I wish I could go. The more I

think about it, the more I believe the present status of Unichem will have to change. But, while I understand Mr Newbould's feelings about bringing new members in, I think his premise that it isn't fair on existing members is flawed.

If we are honest most members would admit they joined from self interest. Enlightened self interest maybe, but nevertheless, in putting their money up they saw it as beneficial, or they wouldn't have joined. When they retired the most they expected was to get their "entrance money back", ie the shareholding was seen as running capital for the Society. Its conversion into marketable shares based on prospects, profits and asset value have brought an unexpected bonus.

It would be natural to think of this as entirely earned due to one's loyalty, etc, but of course it is nothing of the sort. Bringing new members in will not dilute the value of the shares, because those new members will automatically increase the business done by Unichem in proportion. The company will be bigger and worth more, so individual share value will not be too adversely affected.

You may be giggled to think the new boys are only here for the beer. You might be right but does it matter? I imagine the whole truth, and the factors bearing on the action of the Unichem board, will be made plain at a meeting.

I hardly think the report will be made public by the Friendly Society.



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# COUNTERPOINTS



## Numark target baby with toiletries range

Mid-May sees the launch of Numark's baby care range — 17 toiletry items in pale blue and pink packaging featuring the Numark teddy bear, which will be at the centre of future promotions.

Five products are included in a free counter display unit — baby bath, soft pink in colour (250ml £0.73); baby lotion (250ml £0.65) and baby oil (250ml £0.79) suitable for baby and adult use; baby shampoo, a "high grade cosmetic shampoo with a 'no tears' formulation" (250ml £0.71), and baby powder (250g £0.73).

The remainder of the range is: Numark baby talc (450g £0.93); cotton buds, with plastic sticks and 100 per cent cotton tips packed in drums (100's £0.47); lightweight polycarbonate 250ml feeding bottles (£0.82); teats for the feeding bottle in two flow strengths — medium and fast — made from pure latex packed in threes (£0.49); soothers packed singly on a display card and conforming to BS5239 (£0.21 each); sterilising liquid (500ml £0.72, 56 tablets £1.05), both suitable for nursery and home hygiene; one-way nappy liners (100 £1.29); baby wipes packed in pop-up tubs (80 £1.25); petroleum jelly (250g £0.89) and zinc and castor oil cream (300g £1.40), both to BP specifications and packed in plastic pots.

The range is backed by comprehensive point-of-sale

material including a window poster, shelf wobblers, pelmet strip for the Numark baby care bar, five shelf edge strips and nine window roundels.

Numark are also running a Bonny Baby Photo Competition in conjunction with Milupa and leaflets will be available in-store. First prizes in the two age groups — up to nine months and nine-18 months — is £250, second prizes £125. All entrants will receive a 25p off Numark Ultra Dri Nappies voucher and a free sample of Milupa baby food. Closing date for entries is September 30.

Numark are also introducing their new Numark "Classic" nappy (*Babycare*, C&D March 12, p6). Described as a price-fighter brand, Numark say Classic nappies offer a good quality product at a value-for-money price. The toddler-size nappies are packed in 10s (£1.15) and 20s (£2.25).

For promotion, Numark plan to spend £200,000 during the first three months of the launch on advertising in *Mother & Baby*, *Woman's Own*, *Parents*, *Under Five*, *Family Circle*, *Mother*, *Practical Parenting*, *The Sunday Post* and on Ulster television.

The whole Numark babycare range is pre-priced and an introductory bonus offers a minimum 30 per cent profit on return. *Independent Chemists Marketing Ltd.* Tel: 0985 215555.

## Unichem baby on TV

Unichem are supporting their own-brand babycare range with a £750,000 national television advertising campaign breaking in May.

The campaign which will run for four weeks with 188 spots uses the "Unichem baby", animated commercial. It will complement Press advertising of

the new ultra-absorbent nappy.

Brands on offer at promotional prices from Unichem for May include Lucozade, Kleenex for Men, Ponds creams, Elnett hairspray, Nurofen and Colgate toothpaste. The special prices apply on all qualifying orders placed in May. *Unichem Ltd.* Tel: 01 391 2323.

## Baby robes on offer with Drapolene

Personalised 100 per cent cotton baby robes are being offered at a reduced price to consumers as part of this Summer's promotional support for Wellcome's Drapolene nappy rash cream.

Leaflets informing consumers how to apply for their terry towelling hooded robe at a price of £4 including postage, (rrp £5) are available only through pharmacies, say Wellcome. Consumers will be able to request that their robe is personalised with the name of their baby.

The robes are available in white, with a choice of either a pink or blue edging strip and embroidery, and measure approximately 30in by 30in. The offer closes on December 31.

Backing up the pharmacy promotion, the robes will be featured in the Autumn issue of one of the mother/baby magazines, when 100 will be given away free. Readers will also be able to purchase the robes at the reduced rate. *Wellcome Consumer.* Tel: 0270 583151.





The new Microglide Razor.



**THE PERFORMANCE RAZOR**



# Watch it perform in your store.

Bic have always been known for fast-moving products.

The Bic Regular, launched in 1975, created a new market sector for disposable razors. And grew rapidly into the leading brand in the wet-shave market.

The Bic Orange, launched in March 86, brought Bic value to the sensitive skin sector. And promptly won further sales for the brand, without hitting sales of the Regular.

And 1988? Welcome the Microglide, the all-new Performance Razor from Bic. Featuring a low-profile head and the revolutionary Microglide metal guard bar for a fast, exceptionally smooth shave.

The first place the Microglide is going to perform is on the nation's TV screens. An exciting new 30 second commercial goes out across the network, in an intensive six-week burst. And from its smooth black livery to the £1,000,000 we're putting behind its launch, the Microglide's designed to reach today's discerning wet shave market. Building Bic sales even higher, alongside the Orange and the Regular.

So clear a space. And stock the new Bic Microglide, the Performance Razor. But stand well back when it's time to open the doors.

The way we make them, those razors will really move.



**MICROGLIDE**  
**RAZORS**

Biro Bic Limited, Whitby Avenue, Park Royal, London NW10 7SG.





## Crazy colour

Revlon are introducing a new Charlie colour collection for mid-Summer, on counter from June.

Called the Crazy Coconut, it comprises soft soda shades for lips, nails and eyes. Lips and nails are pale in ice white, peaches and cream or pink soda, with eyes in soft cream buttermilk, pale pink fizz or peachy caramel blush, or more defined in grey flannel and indigo blue. *Revlon International Corporation. Tel: 01-629 7400.*

## Ad-Vantage

The May Top Ten promotional offers available to Vantage customers include Band Aid plasters, Bic razors, Body Mist roll-on and aerosol, Durex condoms, Farleys Rusks and Breakfast Timers, Milupa infant foods, Poly Foam perms, Silvikrin hair spray and the L'Oreal Studio Line collection. *Vantage Department, AAH Pharmaceuticals. Tel: 0928 717070.*

## Kent help Modifasters

Kent Pharmaceuticals, the new distributors of low calorie diet Modifast, are introducing a starter pack, containing one sachet of each of the four flavours together with a shaker (£4.95).

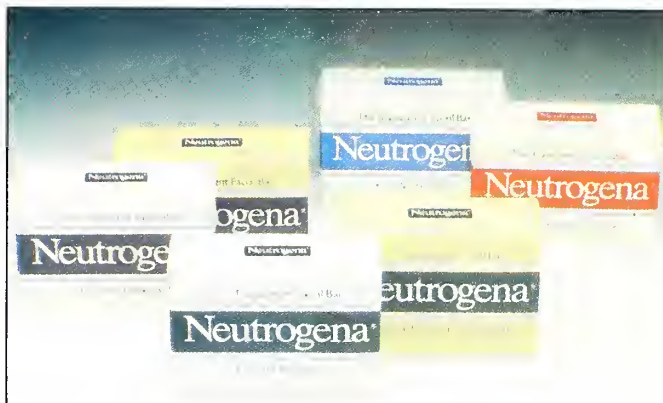
Slimmers can also obtain a free shaker and information pack by returning the reply paid card in nine-sachet boxes (£7.11).

Kent are inviting pharmacists to enter a Modifast display competition with an opportunity to win a £1,500 exotic holiday, with three weekend break second prizes and 10 digital scales third prizes.

The product is being supported during the prime April to June pre-holiday selling period in national and local Press ads. *Kent Pharmaceuticals Ltd. Tel: 0233 38614.*

## Granose go bananas

Banana flavoured soya milk is the latest addition to the Granose range of soya milk. The milk (500ml £0.43) has a fat and sugar content lower than that of cow's milk. Being lactose free, is suitable for people who are allergic to dairy products, say *Granose Foods Ltd. Tel: 0372 412201.*



## New packaging for Neutrogena

Neutrogena are redesigning the packaging for their soaps to bring them into line with other products in the range.

The packs, colour-coded to aid identification of the different formulas, will have a high gloss finish, says the company.

It is also offering consumers the opportunity to try Rainbath

bath and shower gel free of charge. A 15ml trial size tube will be incorporated into a special pack with all Neutrogena soaps (except the acne cleansing formula).

The special pack, retailing at the usual price of £1.50, will be sold into chemists for May and June. *Neutrogena (UK) Ltd. Tel: 01-821 1984.*

## New look Eau de Givenchy

Givenchy are adding three new products to the Eau De Givenchy bath and body line.

Eau De Givenchy moisturising body mousse (£18.25) is a rich white cream with a light foamy texture, and is available from July. Available from June are perfumed bath and shower gel (250ml £17) and perfumed Body Veil (250ml £18.25). And the other items in

the range — talc, deodorant spray and soap — have been repackaged to match the new additions. All the products are now packaged in boxes featuring a clear white background with a border of blue. This theme is carried through to the containers themselves, white with lapis lazuli blue. *Parfums Givenchy Ltd. Tel: 0932 245111.*

## Dettol for display on the counter

Dettol's new counter display unit emphasises the value of Dettol products as first aid accessories, say Reckitt & Colman.

Designed in the Dettol cream colours, the unit holds six 30g tubes and ten 10g tubes of Dettol cream in a tier on top, with six 125ml bottles of Dettol and three 100ml bottles of Dettol mouthwash inside. A holder contains free first aid leaflets.

The availability of the new unit coincides with the launch of the TV commercial for Dettol cream in the Central, Yorkshire and Tyne Tees areas. *Reckitt & Colman Pharmaceutical Division. Tel: 0482 26151.*



## Dextrosol Olympic runners

Packs of Dextrosol glucose tablets featuring the strapline "official energy products to the British Olympic Team" will be available from May.

Display outers bearing the logo will be available for all varieties which group brand manager, Rowena Stent says will give sports people more incentive to buy the products. *CPC (UK) Ltd. Tel: 0372 62181.*

## Slim to scale

Sommer Alliberts' new range of bathroom scales includes five slimline models (£12.95 — £45.95). There is a battery-operated electronic scale with digital display and four mechanical models with roll-dial indication in imperial and metric.

The scales come shrink-wrapped in heavy duty board with the weighing platform displayed for maximum POS appeal, say *Sommer Allibert Consumer Products Division. Tel: 0905 774221*

## On the trail

Kodak are again sponsoring a phototrail at the Garden Festival in Glasgow this week.

Photopoints have been marked around the festival site and there is a fun phototrail on which people can take humorous photographs and enter a competition.

This year Kodak expect to spend some £750,000 in support at leisure activities. *Kodak Ltd. Tel: 0442 61122.*

## New compact

Pentax have produced a new autofocus compact — the Mini Sport (£79.95).

The Mini Sport has an infra-red auto-focusing system designed to work efficiently even in very poor lighting conditions. The CdS light sensor, below the lens, ensures correct exposure. When light is limited, the low light warning in the viewfinder signals that the built-in flash should be used. The flash has a guide number of 11 and is effective from 1.3m to 4m with 100 ISO film. *Pentax UK Ltd. Tel: 01-869 4422.*





*David Mair, M.P.S. Chairman*

# UNICHEM RESULTS FOR 1987

Extract from the Chairman's Statement to UniChem's Shareholder Members:

"I am delighted to announce that 1987 represented the sixteenth consecutive year of increased sales and profitability for your Society.

Turnover for the year increased to £544 million from £492 million in 1986. Profit sharing allocations, together with distributions to our Shareholder Members, will exceed £39 million, an increase of over £4 million.

Progress in the current year is exciting and is exceeding our expectations. I have no doubt that 1988 will be a record year for sales and profits. Together we are beginning a new era of growth and increased prosperity for UniChem."

Highlights from the year:

- Over £19 million invested in independent pharmacy
- £750,000 national television advertising of UniChem brand products
- £350,000 Members promotion scheme
- New distribution centres at Preston and Croydon
- Major extensions at Chessington and Exeter centres
- New computer systems, new own brand products, new Member services
- New disposable nappy manufacturing venture

## BE PART OF THE UNICHEM SUCCESS

For further information on the benefits available only to Independent Pharmacies as Members of UniChem, please contact:

W. H. Hart, M.P.S., Marketing Director, UniChem Ltd.  
UniChem House, Cox Lane, Chessington, Surrey KT9 1SN.  
Telephone:- 01-391 2323

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# UniChem Action for Pharmacy



## Wilkinson launch shaving gel...

Wilkinson Sword are expanding their shaving product range into men's toiletries.

The company is spearheading the move with the immediate launch of a shaving gel, said to offer the convenience of shaving foam with a rich, creamy lather for a smoother shave. Because only a little is required for such use, Wilkinson Sword say a can of shaving gel will last much longer than shaving foams.

The gel contains moisturiser and has a low level of fragrance making it particularly suitable for sensitive or dry skins.

"The UK market for men's shaving gel will be a key growth area," says Wilkinson Sword marketing manager Mark Ralph. The shaving preparations market is worth some £20m annually and shaving gels should account for about a third of this within the next two years."

The new product is being launched at a special offer price of £1.29. The launch will also be supported by a programme of Press and sampling activities. *Wilkinson Sword Ltd Tel: 0670 713421.*

## ...Gillette goes on TV

Gillette will be supporting their new aerosol shaving gel range with a £400,000 television campaign in London and Central TV areas.

The campaign will start in early May and run until July, and will be followed by a national campaign in early 1989. *Gillette UK Ltd. Tel: 01-560 1234.*



## Mum goes 'ozone-friendly'

Bristol Myers are launching a non-aerosol spray anti-perspirant (£0.79 50ml, £1.45 100ml) in pink mist and ice blue. The company says the concentrated formulation in a pump dispenser is "ozone-friendly" and lasts up to three times longer than an aerosol per 100ml.

The product will be supported by black and white advertisements in the women's Press from May throughout the Summer, aimed at aerosol users. A money-off campaign supports the launch with 20p off and 30p off the 50ml and 100ml packs respectively.

The company is also relaunching the roll-on and refill range, using updated graphics and brighter colours. It will be backed by a £1.3m television campaign running through June and July to promote the message "Gentle effectiveness".

A gift with purchase offer will feature on roll-on packs this Summer. The roll-ons will be packed in a clear acetate box with a free make-up stick worth £0.50.

A public relations campaign for the complete range is planned across the women's Press. *Bristol Myers Co Ltd. Tel: 0784 34343.*

## Vichy go for the body

Vichy are following up their Aqua Tendre facial cleansers with the launch of Aqua Tendre body scrub gel (150ml £5.85).

The product is a lemon-

scented fine-grained foaming gel, to be used three times a week in the shower, supplied in a citrus green and white flat pack. *Vichy (UK) Ltd. Tel: 0235 26747.*

## New moves for Rapidol

Rapidol Ltd are launching a new product, are currently being restructured and are changing their name to Inecto Haircare. (Address and telephone number as before.) New products are under development, and the company is also negotiating new distribution arrangements.

The first of the new moves is the launch Super Black, a permanent black hair colour cream. This was developed after the company noted that the black shades of its colorants were selling very well among the ethnic population.

Super Black can be used over perms or other hair colorants. Special launch prices and merchandising materials will be available and the company are supporting the product with women's Press advertising starting in May. *Inecto Haircare. Tel: 01-579 1221.*

## Herbissimo!

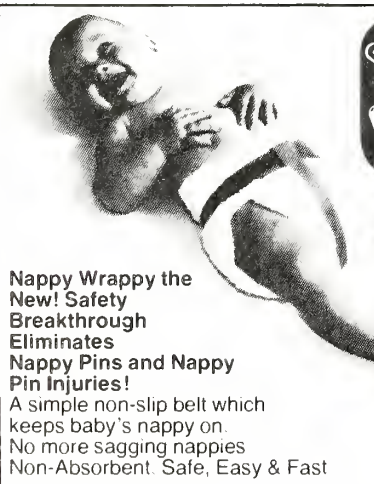
Dana Perfumes have repackaged two Herbissimo lines and are adding two more to the range.

The shower gels with juniper and marjoram now have colour labels depicting the flowers.

The new products mark the entry of Herbissimo into the skincare market. Both are in cylindrical cream coloured vinyl containers.

Herbissimo body lotion (200g £2.95) is a non-greasy cream formulated with essence of camomile, and the new hand cream (200g £3.45) contains calendula. *Dana Perfumes Ltd. Tel: 01 646 0344.*

The auction of photographs in aid of Search 88, mentioned in *Counterpoints* last week, was sponsored by Helena Rubinstein.



### NAPPY WRAPPY

by Cippa Safe

Displayed on full colour ranging point of sale cards. Proven high volume sellers in Australia now manufactured under licence in the UK by Cippa Safe, Lanthwaite Road, Clifton, Nottingham NG11 8LD  
Tel (0602) 211899 Fax (0602) 845554

**Nappy Wrappy the New! Safety Breakthrough Eliminates Nappy Pins and Nappy Pin Injuries!**  
A simple non-slip belt which keeps baby's nappy on. No more sagging nappies. Non-Absorbent. Safe, Easy & Fast

## Duomed<sup>®</sup> by medi

**HIGH QUALITY GRADUATED COMPRESSION HOSIERY FOR F.P.10 PRESCRIPTIONS.**  
(of two way stretch construction with in-laid compression lycra yarn in all compression classes)

Sewn in labels showing washing instructions, class and size make repeat prescriptions easy.

**COMPRESSION CLASSES 1, 2 and 3 IN ALL SIZES READILY AVAILABLE.**

through UNICHEM, CREDENHILL and other wholesalers.

**Medi U.K. Ltd., Fields Yard, Plough Lane, HEREFORD HR4 0EL. Tel: 0432 51682**



NEW  
ENDEKAY  
DENTAL  
HEALTH  
GUM



## Endekay gun rolled out nationally

Stafford-Miller's Endekay Health Dental Gum is now available nationally after test marketing in the TVS and Anglia regions.

The company says the gum, a licensed medicine, is unique because it actively protects teeth from the harmful effects of sugars in the diet. Chewed after meals, snacks and drinks, the active ingredient urea is converted by mouth bacteria to ammonia, which neutralises the plaque acids which cause tooth decay.

Each pack contains 25 pieces (£0.75), and display stands are available.

Stafford-Miller are supporting the gum with a promotional and sampling campaign through the dental profession. The company says the test market has demonstrated sales potential of £3m during the first year of national marketing.

Endekay Dental Health Gum is classified GSL. Product Licence 0036/0040. *Stafford-Miller Ltd.* Tel: 07072 61151.

## A Mandate...

A Mandate refresher kit, containing shampoo, shower gel and splash-on lotion, in 60ml sizes, will be available from May (£4.95). *Shulton (Great Britain) Ltd.* Tel: 0734 79300.

# Good news for chemists in report

The UK chemist and drugstore sector has performed consistently well since 1980 and will continue to thrive, says Euromonitor.

Total retail sales in this sector are worth over £5 billion and have averaged 11 per cent growth per year since 1980. This doubling of sales at current prices, compares with over 60 per cent in total retail sales, and the chemist and drugstore sector has increased its share from 2.6 per cent in 1980 to 3.4 per cent this year.

Consumer expenditure in the core product areas remains buoyant. Spending on OTC medicines grew from £397.1m in 1982 to £556.7m in 1986 and that on cosmetics and toiletries from £1,519m in 1982 to £2,371m in 1987. New lines such as health foods have provided a fresh impetus to sales.

Drugstores tend to be filling a gap in the high street for discount-style retailing of toiletries and household supplies as the grocery multiples move out-of-town. Chemists tend to be expanding by acquisition, the report says, now their only practical route to growth, due to the new contract.

Despite having only 8 per cent of outlets, Boots account for 36 per cent of sector sales; Superdrug have 4.1 per cent, Underwoods 1 per cent and Kingswood 0.9 per cent.

Euromonitor believes the outlook into the 1990s is extremely favourable. Retail sales are expected to rise by an average of just over 5 per cent a year at constant prices to the start of the next decade. In 1990, turnover on outlets excluding Boots and Underwoods is projected to be around £3.85 billion at 1986 prices, up 23 per cent on 1986 compared with an expected 14 per cent for total retail sales.

While the Government seeks to cut NHS drug costs, consumers are increasingly looking to their local pharmacists for advice and any loss of NHS sales is likely to switch to OTC products. With an increasing number of elderly people, any argument that total prescription business will fall off is "highly contentious", the report says. *"Chemists and Druggists in the UK 1980-90."* (£325). *Euromonitor Publications Ltd, 87 Turnmill Street, London*

### ON TV NEXT WEEK

G TV Grampian  
B Border  
C Central  
CTV Channel Islands  
LWT London Weeken  
C4 Channel 4

U Ulster  
G Granada  
A Anglia  
TSW South West  
TTV Thames Television  
Bt TV-am

STV Scotland  
(central)  
Y Yorkshire  
HTV Wales & West  
TVS South  
TT Tyne Tees

Anadin:	All areas
Askit powders:	GTV,STV
Disprol:	All areas
Japp's health salts:	STV,G
Listerine:	All areas
Macleans toothpaste:	All areas
Natrel Plus:	All areas
Reach toothbrushes:	LWT,C,TVS,A,TVam
Robinsons baby foods & juices	TVS,TTV, TVam
Setlers:	All areas
Stickers false nails	All areas
Tandem IQ:	TVam
Wrights Coal tar soap:	TVam



## Almay's 20th birthday party

Almay are running a 20th anniversary promotion on their skincare range.

A 20th birthday gift of a free eye care cream will be given to every customer purchasing any two products from the standard skin care range. A special display unit is available, along with a window display kit including window cards, two plinths in the shape of birthday presents for displaying the range and colour coordinated shredded tissue paper.

In addition, Almay are giving birthday presents of microwave ovens to 20 stockists who build the most imaginative window displays.

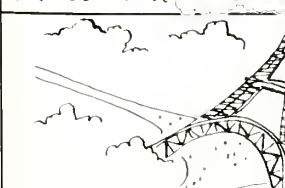
Almay are backing the promotion with a special advertising campaign in national newspapers, in addition to the cosmetic and skin care advertising currently running in women's magazines. *Almay.* Tel: 0753 23971.

## A cover-up

Matis UK, a division of India Grange, are launching a range of camouflage make-up.

Bio-ecran includes a special day care cream (100ml £12) and a make-up remover (100ml £12), as well as 12 shades of tinted cream (15ml £15) and a loose powder (80ml £6). *Matis UK.* Tel: 0787 311214.

### The Tripps



I'M GLAD WE STOPPED OFF IN PARIS - IT'S A GLORIOUS VIEW FROM UP HERE!

YES - BUT I THINK THE LIFT HAS UPSET JENNY!

I'LL GIVE HER A NEW JUNIOR KWELLS THEY'RE EASY AND PLEASANT TO TAKE AND BY THE TIME WE'RE READY TO GO DOWN SHE WILL BE AS RIGHT AS RAIN!

MAYBE I'D BETTER TAKE ONE TOO, IT'S AWFULLY HIGH UP HERE!



RELIEVING  
INDIGESTION  
AND WIND

## Home advice

"Relieving Indigestion and Wind" is the fourth in the Home Medicine Desk range of leaflets from Nicholas Laboratories. The leaflet contains advice on what causes indigestion, how to prevent it, and guidance on medicines to relieve the symptoms. Supplies available from *The Home Medicine Desk, Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks SL1 4AU.*

**Sudocrem** is to be available in four pack sizes rather than three from May 3. The new sizes and prices are 60g (£0.98), 125g (£1.59), 250g (£2.89) and 400g (£4.20). *Pharmax Ltd. Tel: 0322 91321.*

## Manevac granules

Galen Ltd are introducing Manevac, a laxative containing senna and ispaghula granules. It is based on a formulation previously available in the UK as the blacklisted Agiolax which Fison's have withdrawn. Manevac produces the desired effect within 8-12 hours without causing griping, say the company, and is approved for NHS prescription. **Distributor** Galen Ltd, Seagoe Industrial Estate, Craigavon, Northern Ireland BT63 5UA. Tel: 0762 334974

**Description** Brown sugar coated granules containing a homogenised combination of ispaghula seeds, 54.2 per cent and senna pods 12.4 per cent  
**Uses** Relief of constipation  
**Dosage** Adults and children over

## Four minute ovulation test

A four minute ovulation prediction test made by Monoclonal Antibodies is being launched in the UK by Medimar Laboratories.

The six-step kit is to be available initially as a six day test (£17.40 trade, £30 rsp) intended for use by women with cycles varying by three days or less. A nine-day test kit for women with less regular cycles is to be introduced in July, say Medimar.

As with their Ovustick ovulation test, Medimar are promoting the four minute test via fertility clinics and specialists.

Unlike the previous ovulation test, which was available to pharmacists on request from

Medimar the faster test is to be available from wholesalers.

Ovuquick is based on the rapid absorbent matrix pad (RAMP) technology used in Monoclonal's RAMP hCG pregnancy test. Each RAMP test pad has a blue reference spot with which the test spot is compared. When urine turns the test spot the same colour as, or darker than, the reference spot the LH surge is occurring and the ovulation should take place 24-40 hours later, say Medimar.

The kit has a shelf life of one year when stored in a cool place. *Medimar Laboratories Ltd. Tel: 0753 884502.*

## Mickey Mouse on offer from Elastoplast

Smith & Nephew have joined forces with the Walt Disney Co in a promotion to celebrate the 60th birthday of Elastoplast dressings.

For the Summer, packs in the Airstrip, fabric and waterproof ranges will bear a Mickey Mouse design, and consumers are offered a pack worth £1.50,

containing 15 letter sheets and envelopes with the Mickey Mouse design, for two proofs of purchase.

The Diamond Jubilee offer coincides with promotions by Walt Disney's to celebrate of Mickey Mouse's 60th year. *Smith & Nephew Consumer Products Ltd.*

## PRESCRIPTION SPECIALITIES

**12 One** or two level 5ml spoonfuls after supper and before breakfast if necessary. In difficult cases one 5ml spoonful every six hours for one to three days *Children five to twelve years* One 5ml spoonful daily *Pregnant women* One or two 5ml spoonfuls morning or evening *Elderly* Normal adult dose.

**Administration** Swallow whole, without crushing or chewing, with water or a warm drink.

**Contraindications** Intestinal obstruction, enterocolitis, gluten enteropathy.

**Supply restrictions** Pharmacy Only

**Packs** 250gram cans, £2.48 trade

**Product Licence** 4638/0001

**Issued** April 1988

## Lodine tablets

Wyeth's Lodine (etodolac 200mg) is now available in a tablet

formulation. The red-brown round tablets are marked "Lodine 200" on one side and are packed in 60s (£16.80) and 250s (£69.70, both prices trade). **Product Licence** 0607/0066. *Wyeth Laboratories. Tel: 06286 4377.*

## Sofradex — for your ears only

The indication for the use of Sofradex drops in the eye has been withdrawn, in line with the Committee on Review of Medicines' thinking on the use of ocular steroids.

Sofradex ointment may still be used for eyelid infections — blepharitis and eczema — and

## Spray it on for strings and things

Chancellor Group, are launching a new bites and stings remedy which denatures the poison protein, they claim.

Stingose, containing aluminium sulphate 20 per cent with surfactant, is an antidote to almost all bites and stings, whether of insect, plant or marine origin. It should be used within several minutes of the trauma. It also has an antiseptic effect.

The product has over a decade's history in Australia, and in a field trial of 1,003 cases was proved 99.4 per cent effective. In the Australian trial it coped with a wider range of hazards than are found in the UK — including the deadly box jellyfish and stone fish.

Stingose will be backed by advertising in the women's Press and on radio, and will benefit from a sustained public relations campaign. The product is on the General Sales List, but distribution is being restricted to pharmacies.

It is packed in a 25ml pump spray (£2.25) *Chancellor Group Ltd. Tel: 0978 661351.*

Soframycin eyedrops for bacterial infections. *Roussel Laboratories Ltd. Tel: 0895 834343.*

## BRIEFS

**Scholl** say their men's support hose below knee — class II hosiery is available on prescription from May 1. The hose comes in standard and large sizes and in two colours — black and brown (£7.30 pair trade). *Scholl (UK). Tel: 01-253 2030.*

**Smith Kline & French's** move to original pack dispensing packs continues. Stelazine 1mg and 5mg tablets are now transferred to 100-tablet blister packs (four strips of 25), and the 30-pack of Z-Span Spansules becomes a blister pack. Fefol 250s, Feospan 250s and Stelazine 5mg 1,000s are discontinued. *Smith Kline & French Laboratories Ltd. Tel: 0707 325111.*

## PRIODERM/CARYLDERM LUCKY NUMBERS DRAW

Holders of the Head Lice Information Card with the following numbers should contact the Consumer Products Division of Napp Laboratories Ltd on 0223 358888 extension 2265 to claim their mystery prize. The winning numbers are as follows: — 45984, 47026, 47519, 48684, 48152 and 46849.





# Share the success of Triludan.

**TRILUDAN.  
THE SECRET OF  
ITS SUCCESS.**

**BIGGEST  
SELLING**

and

**MOST  
RECOMMENDED**

Recommend Triludan, and you recommend the most successful pharmacy-endorsed hay fever remedy on the market.

There are many reasons for this success.

**FAST-  
ACTING**

Triludan is fast-acting, giving onset of relief in an average of 72 minutes.<sup>1</sup>

**HIGHLY  
EFFECTIVE**

Triludan is as effective as chlorpheniramine against the major symptoms of hay fever.<sup>2</sup>

**AVOIDS  
IMPAIRED  
PERFORMANCE**

And Triludan is the only fast-acting pharmacy-endorsed antihistamine that avoids impaired performance.

So not only do hay fever sufferers quickly benefit from Triludan, but you do too.

**50%  
PROFIT  
MARGIN**

Because Triludan offers the backing of the Merrell Medicines P.E. Philosophy which includes 50% profit margins for you before bonuses.

## THE HIGH PERFORMANCE HAY FEVER REMEDY

**Merrell  
Medicines**  
Confidence in pharmacy



References: 1. Murphy-O'Connor J.C. et al, J.Int.Med.Res., 1984, 12, 333. 2. Backhouse C.I. et al, Practitioner, 1982, 226, 347.

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# PAIN RELIEF

This is the fifth in a Chemist & Druggist initiated series of training seminars for pharmacists and their assistants — sponsored jointly with companies who have a particular expertise in the chosen subjects.

## What exactly is pain?

**Pain implies damage — and pharmacists may be asked to advise on both cause and symptom. Dr Richard Smith explains how different types of pain are categorised and examines the different types of analgesic agent.**

When tissue is damaged, chemical substances are released which stimulate the nerve endings to produce a pain impulse which is carried through the nerves and spinal cord to the brain, where pain is registered. This pathway may be modified or interrupted at several points to produce analgesia.

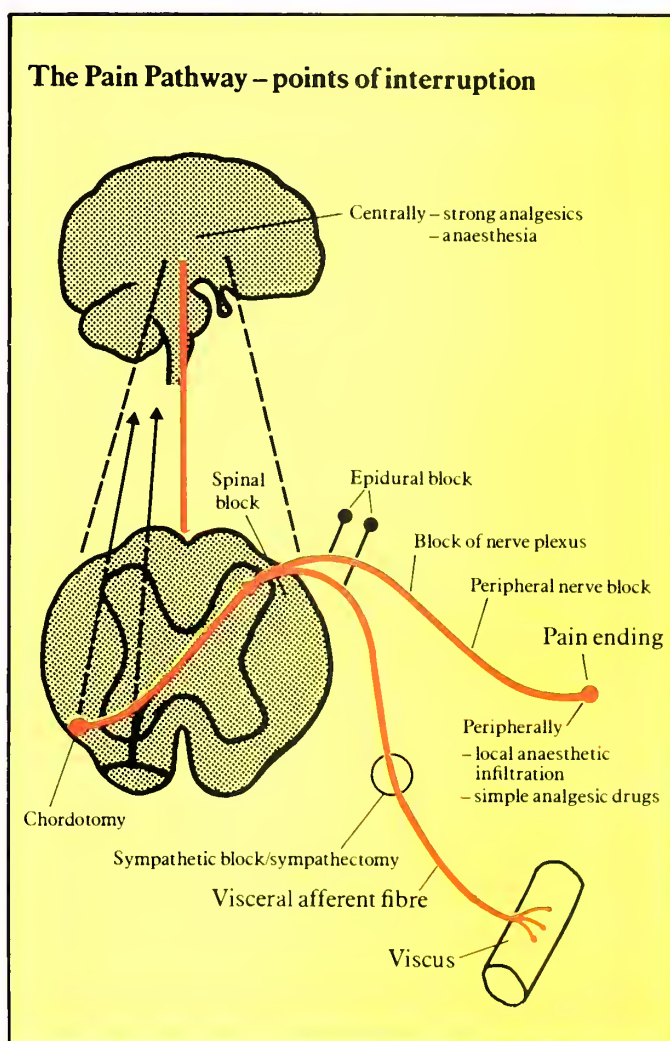
Broadly speaking, there are two types of pain — acute and chronic — both of which may be further subdivided into severe, moderate to severe and mild to moderate.

Examples of conditions which fall into the acute category are trauma (including fractures), recent burns, post-operative pain, obstetric pain, dental pain and dysmenorrhoea. Treatment tends to require rapid remedial measures, though not necessarily over a prolonged period of time.

In contrast, chronic pain normally demands a protracted period of treatment: most often in response to situations where cure of pathology causing pain may not be possible. Cancer treatment is the most obvious example; arthritis sufferers may also experience chronic pain.

Drugs given systemically act in different ways and can be divided into two main groups:-

1. Drugs which are analgesics and act partly peripherally. These include the simple analgesics aspirin and paracetamol.
2. Drugs which act mainly centrally on pain receptors in the brain where they modify or eliminate perception of pain. These include morphine and



its strong analgesic relatives.

Where the cause of pain has been identified and is treatable,

then the most important consideration for the physician is the specific treatment of this

underlying cause.

**Severe pain** Strong analgesics used to treat severe pain are largely opiates, of which morphine is the standard by which others are compared, and pethidine. They cause analgesia due to a central — rather than peripheral — action on pain perception.

Morphine and its relatives cause dependence and, although this is not a problem in short-term treatment like the relief of post-operative pain, dependence and the accompanying need for increased dosage, may become a serious difficulty when treating chronic pain.

**Moderate to severe pain** Analgesics in this category are the mixed agonist-antagonists, acting in the central nervous system. These are drugs such as pentazocine which are non-dependence producing, and so are free of the limitations applied to scheduled narcotics like the opiates.

Other agents of comparable potency are codeine and dextropropoxyphene and their derivatives, which are much less potent than morphine but have lower dependence liability.

**Mild to moderate pain** All the medicines discussed so far are prescription only drugs. But by far the most widely-used analgesic agents are those used for the relief of mild to moderate pain — so-called simple analgesics — which can be purchased without a prescription — and of these, the most widely used are aspirin, paracetamol and ibuprofen.

Aspirin has analgesic, antipyretic and anti-inflammatory properties. It causes analgesia by



a peripheral action on pain perception, but lowers body temperature by a central effect. Its anti-inflammatory action results mainly from inhibition of the synthesis of prostaglandins in inflamed tissues.

Overdose is characterised by hyperventilation and respiratory alkalosis. In a small minority of patients, aspirin may cause gastric irritation and, occasionally, gastric bleeding. A few patients are allergic to aspirin, particularly asthmatics; and the drug is no longer recommended for use by children under the age of 12 because of a reported association with Reye's Syndrome. Overall however, aspirin is a generally safe and valuable analgesic.

Paracetamol, similarly, exerts its analgesic effect by a peripheral action and is used as an alternative to aspirin, particularly in children. Gastrointestinal tolerance is better than aspirin. Overdose may result in hepatic damage.

Aspirin and paracetamol are both available in soluble and effervescent preparations, with improved acceptability and gastrointestinal tolerance — particularly in the case of aspirin.

Ibuprofen, a non-steroidal anti-inflammatory agent, has a proven record of versatility and safety as an anti-arthritis and, more recently, as an analgesic. Widely perceived as being equal or superior to aspirin, ibuprofen is used for the treatment of mild to moderate pain including headache, musculo-skeletal pains, dental pain and dysmenorrhoea. In addition, ibuprofen is beneficial in the relief of migraine.

Ibuprofen has a good safety profile in general, particularly in relation to gastro-intestinal tolerance, but is not recommended for use by patients with known peptic ulceration. Patients who are hypersensitive to aspirin, including asthmatics, may also be hypersensitive to ibuprofen.

And sustained release aspirin and ibuprofen afford longer periods of relief between doses.

# Formulating OTC analgesics

**Effective formulation of new analgesics for OTC sale demands a balancing act of the formulator — between legislative and commercial demands. Different active ingredients present a variety of formulation problems. Will Beresford explains how some of them are overcome.**

Effective formulation requires a well-defined product brief — a sound rationale behind the choice of active ingredient(s) and excipients. The resultant product needs to be stable, efficacious, and possess an acceptable safety profile to obtain approval for a product licence from the DHSS, and to be capable of being manufactured on a large scale.

The formulator's task is further restricted by legislation. With few exceptions, OTC analgesic products contain aspirin, paracetamol and codeine, either alone or in combination, and relatively recently ibuprofen.

## Effervescent formulations

The majority of consumers buying an OTC analgesic are suffering from an acute rather than a chronic condition and require relief as quickly as possible. This requirement is reflected in the number of effervescent formulations available.

Effervescent formulations pose a number of problems to both the formulator and the manufacturer — in fact virtually the only advantage for the formulator is that size is rarely a restriction. This allows the use of sufficient excipients to produce an elegant and palatable product.

The particle size of the major

ingredients is controlled to give a compromise between rapid dissolution and ease of handling.

In a well-designed aspirin formulation, the efficacy of the aspirin is enhanced. Studies have shown that absorption is more rapid from effervescent, pH-maintained (buffered) formulations and that the proportion of acetylsalicylic acid to salicylic acid in the blood is increased. Further studies have shown that the main side effect, gastric irritation, is reduced.

There are some particularly elegant paracetamol-based products on the market which owe their success to the skill of the formulator — despite the fact that

paracetamol compresses poorly, has a bitter taste, is adhesive on compression and is poorly soluble.

## Hard dosage forms

The formulation of "hard" dosage forms, tablets and hard gelatin capsules poses fewer problems as strict environmental controls are not required and taste is not as critical. However, ease of ingestion is a benefit, as the active ingredients tend to be given at relatively high doses, and the product brief usually calls for the smallest dosage form possible.

Aspirin is the cause of fewer problems relating to its physical characteristics, but tends to be far less stable than either paracetamol or ibuprofen. The hydrolysis to salicylic acid readily occurs in the presence of moisture and can be accelerated by commonly used excipients.

Paracetamol and ibuprofen, although relatively stable, tend to possess poor handling and compression properties and hence require efficient binders, lubricants, disintegration and flow aids. Due to the bitter, unpleasant taste of ibuprofen, tablets are usually coated.

The number of sustained release products incorporating different mechanisms of release reflects the importance placed on

# Which analgesic

**Specific analgesics are especially suitable for the treatment of certain ailments. Dr Bill Ogden advises on the pros and cons of active ingredients.**

The pharmacist has a key role to play in understanding the type of pain that is being treated, the likely cause, whether the pain is localised or diffuse, and the most suitable type of OTC or "self-help" medication.

Aspirin, the most widely used preparation, has stood the test of time and, even with its known side effects, gives good pain relief in a broad cross-section of conditions.

Paracetamol has also had extremely wide usage although with different pharmacological effects, and is widely used as an alternative to aspirin.

OTC ibuprofen, based on prescription medicine use, offers exceptionally good tolerance and few side effects.

## Headache

So which of these agents are most suitable for particular types of pain? Headache is undoubtedly one of the most common reasons for taking analgesics and, in the main, is of benign simple origin.

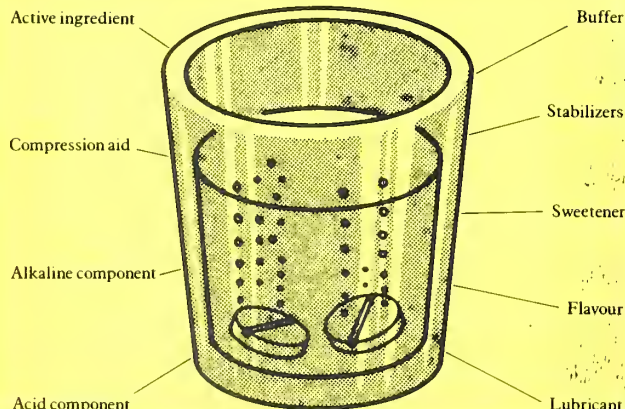
Most headaches reported in

pharmacy practice are of neuralgic nerve route origin, muscular tension and vascular causes, or alternatively are caused by congestion in the upper respiratory passages, the sinuses. This type of pain has little prostaglandin involvement and the use of products containing paracetamol, with the additive effect of decongestants in the case of sinus pain, provides the most effective route to fast relief. Tolerance is good and the speed of action important so that one should use good combination formulations with high predictability of efficacy.

In considering this type of pain from a localised source, one should also consider codeine, either alone or particularly in combination. The reason for this is that the dosage will be of short duration and codeine has a good record in this situation — though it should not be recommended where pain is likely to be chronic or continuous, because of its constipating side effects.

Muscular or skeletal — ie

Excipients in typical effervescent formulation





this type of technology and the sophistication of present day formulation science. The poor solubility and the dose of ibuprofen required mean that a particularly appropriate mechanism of sustained release is erosion. The dosage form — either pellets or a single unit — slowly erodes in the gastro-intestinal tract, presenting drug available for absorption over an extended period of time. This enables therapeutic blood levels to be maintained using a twice daily dosage regimen.

### Liquid formulations

Ibuprofen is not considered appropriate for dosage forms formulated specifically for children, and formulation of a palatable liquid ibuprofen product would present significant problems in taste masking. Paracetamol is, however, the active ingredient for choice of liquid preparations, especially those formulated for children.

The instability of aspirin in the presence of water rules out its use in liquids and in the past other salicylates have been used. However, salicylates are now no longer permitted in children's products following the recent suggestion of a link with Reye's Syndrome, and this has caused more attention to be devoted to paediatric paracetamol.

# OTC pain remedies: the marketing approach

**In the fiercely competitive UK market for OTC medication, companies are constantly investigating opportunities to launch new products. Michael Connolly, marketing manager, OTC pharmaceuticals at Nicholas Laboratories, explains why.**

Pain is second only to skin complaints in a "league table" of the most common minor ailments, according to a recent survey published by the Proprietary Association of Great Britain.

The same survey identified the most frequently recurring "minor" ailments — in order of frequency — as headache, muscular aches and pains, back problems and pre-menstrual problems. However, while almost a quarter of the survey sample used an OTC remedy to treat the ailment, only 13 per cent consulted a doctor (or dentist), and more than 40 per cent did nothing. The clear implication is that, in the main, people feel able to cope with minor ailments themselves, without needing to seek professional medical advice.

British consumers spend around £112m on OTC analgesics annually — which represents a

total of some 4,000 million tablets, or alternatively 100 tablets per person each year. Some £76m — almost three-quarters of the total market — is accounted for by products which are purchased for a specific application.

### Market stimulus

Significantly, while the total analgesics market currently shows a 7 per cent increase year-on-year, purchases for specific types of pain are growing at around 25 per cent. Growth has undoubtedly been stimulated by the deregulation of slow-release ibuprofen and changes in prescribing regulation introduced in April 1985.

The result has been a significant increase in marketing activity, benefitting pharmacists.

Consumer demand for paracetamol and ibuprofen-based

products is increasing sales. The shift in ingredient usage has coincided with the emergence of ibuprofen and the growth of paracetamol as a result of the withdrawal of children's aspirin products: paracetamol alone now accounts for more than 40 per cent of the market. Clearly there is a significant market opportunity for soluble, paracetamol-based analgesics in both junior and all-family formulations.

Current market research indicates that around 20 per cent of solubles are purchased for all-family use and that choices of family analgesic are often child-led. Because children have difficulty in swallowing hard tablets, families that choose one product for all family members will tend to choose a soluble; solubles are perceived to be mild and may be used to treat a wide range of conditions.

The recent introduction of long-acting capsules is also expected to increase sales of ibuprofen-based products.

### Overall trends

Consumer purchasing patterns of analgesics mirror the overall trend in self-medication towards specific treatments. Moreover, specific analgesics are more likely to be pharmacy-only products — either because they are stronger, or have been developed in combination with other "P" products, or, increasingly, because they are new products available without prescription for the first time.

The share of overall sales taken by chemists and, in particular, the independents, has increased as more "P" products are advertised. Research confirms that independent chemists account for 66 per cent of sales of strong analgesics.

In conclusion, analgesics as a whole offer particularly healthy profit margins for the pharmacist, especially when considered in relation to the small shelf space that it is necessary to allocate; and resale price maintenance ensures a consistent margin for all outlets, irrespective of their size. Equally importantly, recent increases in prescription charges have improved the price competitiveness of OTC products.

# should I recommend?

"rheumatic" — pain is often chronic, but may owe its origins to injury.

In such cases a prostaglandin inhibitor, with anti-inflammatory action, well proven in clinical medicine, would be the choice to get the best results.

Aspirin, the original anti-rheumatic agent, does well but its successor in rheumatology, ibuprofen, is an obvious choice. Persistent pain may mean that medication is taken over a longer period — and in view of the short half-life of ibuprofen, sustained release preparations should be considered in this context.

A further type of muscular skeletal pain is pain emanating from the joints, and particularly the ligaments around the joints. Common complaints such as shoulder pain may be relieved by prostaglandin inhibitors, such as aspirin or ibuprofen.

Pain arising in the elderly from osteoarthritis may fluctuate and for this reason is not always taken to the surgery. Where advice is sought and the problem is known, the use of ibuprofen — which offers good tolerance in the elderly at correct dosage as in OTC medicines — has to be commended.

### Menstrual pain

Menstrual pain may result from premenstrual congestion or actual dysmenorrhoea, and occasionally from the congestion associated with endometriosis, a common complaint which has often been misdiagnosed and inappropriately treated. It is dangerous sometimes to advise on pain relief in the abdomen unless the diagnosis is clear-cut.

However, where a period pain is of classical type it is safe to give products specifically designed for this with the reservation that a doctor should be consulted if the problem persists.

The most appropriate form of treatment, with minimal side effects, is the use of a prostaglandin inhibitor. Mefenamic acid, which is not an OTC product, has been highly successful in clinical medicine; and its nearest OTC equivalent is ibuprofen, which has been confirmed to be effective in this area. Combined products using anti-spasmodics and paracetamol have also been used successfully for their additive effect.

When customers ask for advice it is worth asking for any

history of intolerance and previous adverse effects with known agents like aspirin, and important, also, to ask about any other medications they may be taking. The use of ibuprofen is very wide in clinical practice, which makes it essential to check that your customer is not already taking the same active ingredients on prescription, under another name.

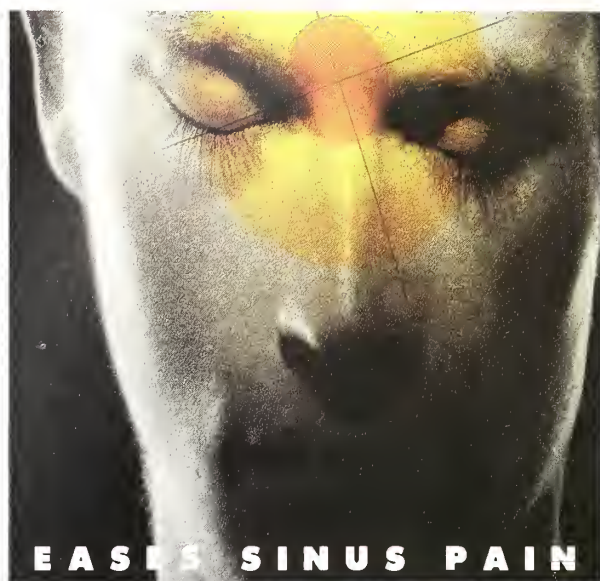
### Tolerance

Drugs such as ibuprofen have a wide margin of tolerance and the dose structure in OTC products makes serious adverse reactions extremely unlikely. Where there is known history of indigestion, hiatus hernia and possibly treated ulceration, products containing agents known to have good tolerance are preferable. Alternatively, formulations which tend to minimise the danger of gastric irritation can be suggested.

The synergistic effect of drugs in OTC work has been exploited over the years very fully. While medical practice may, in the past, have indulged in poly-pharmacy, the contemporary trend is more towards using one or two agents, rather than four or five.



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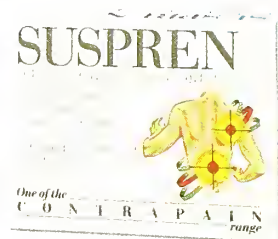
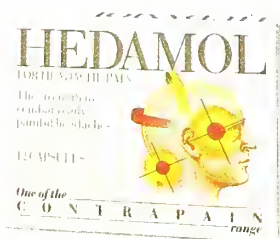
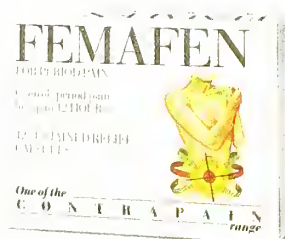
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## THE CONTRAPAIN RANGE

BECAUSE EVERY PAIN NEEDS ITS OWN PAIN RELIEVER.



**A Super Vantage scheme for pharmacists who give unqualified support to the brand was unveiled at the Vantage Convention in Marbella last week. Delegates also heard of plans to introduce a surgical package to enable provision of a better home care service, and the latest developments for Link computer systems. And PSNC chief executive Alan Smith strongly condemned the Government's decision to abandon the cost-plus system of remuneration.**

# Super-Vantage on the way

Vestric are to launch a Super-Vantage membership scheme in the next few months to encourage pharmacists to identify more closely with Vantage and its own label products.

"The scheme will be for those prepared to accept completely the promotional package and services we offer, very much along the lines of our franchise development," said Vestric's managing director, David Taylor. "We will expect total support but we know from experience that this will be to our mutual benefit."

information such as comparative performance figures. A core range of products will be made available at consistent promotional prices. Bonuses will be given on own label purchases.

Loyalty bonuses and other incentives are under consideration, said Mr Taylor, but the package is not yet complete due to the present diversion of resources into other areas. Further information will be made available at member meetings. The Marbella Convention saw the enrolment of the 2,500th Vantage member.

Independent research commissioned by Vestric showed that the main reasons for choice of wholesaler were firstly prompt delivery, followed by personal service and good discounts. Financial considerations were not a prime motivator. Over 40 per cent of users of wholesalers other than Vestric felt that their supplier did not exhibit any discernable weakness (the sample consisted of 317 pharmacists from Scotland, Northern England and Greater London, of whom 202 used Vestric as their main wholesaler). Those that did complained of poor maintenance of stock levels, slow delivery of OTCs and an inadequate range of stock.

Vestric was seen as offering a good all round service, said Mr Taylor, and the Vantage symbol group was rated above others in having a modern image and offering good promotions. However, one area which did attract criticism was OTCs, with 17 per cent of Vestric users expressing dissatisfaction.

As a result the PLOF book is

to be simplified from June 1, said Mr Taylor. "We will be introducing a straight discount off trade price (instead of varying discount structures on product groups). A further 1.5 per cent will be available for ordering through Link." A review is being carried out of minimum orders in the PLOF. The PLOF book will be issued in a new format and a stock code list will be issued with it monthly.

The benefits of the Vantage franchise scheme were beginning to become apparent, said Mr Taylor. Own label sales in franchise shops were three times higher than those of the average Vantage member. Dispensed items were up between 1 and 9 per cent and OTC sales between 10 and 60 per cent. "The conversion of shops to the Vantage franchise took a lot longer than we anticipated due to legal matters — we still have some six shops awaiting transfer to franchises," admitted Mr Taylor.

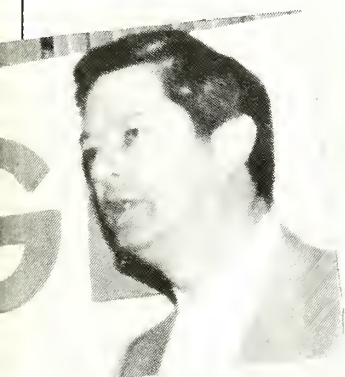
## Vantage label worth £3m

The Vantage label is now worth £3m, said Vestric marketing manager Alan Turner, and while 22 per cent of members have a Vantage fascia, 41 per cent of these also stock other own label products. That was "ludicrous", he said.

Vantage is on the move with new pack designs and new ranges of products lined up for later in the year. Beauty Shapers are to be brought into the range and the haircare lines repackaged and developed. The Vantage brand will be expanding, said Mr

Turner. New lines would include dental and other toiletry lines.

Over £2m has been spent in the past two years on television advertising for Vantage. The adverts were well recalled by consumers, 30 per cent of whom claimed to already use Vantage brands. But 30 per cent of those who were likely to did not know of an outlet. "TV advertising is expensive. Can we continue with such a powerful campaign if consumers cannot find the outlets? Should we be putting money into merchandising support instead?" asked Mr Turner.



Vestric managing director David Taylor

Criteria for membership will include displaying a Vantage fascia; stocking only Vantage own label products and participating in the promotional programme; and using designated point of sale material. In return Vantage will provide pharmacies with support from Vestric's business development managers.

Merchandising support including "on the job" help will be given, along with management

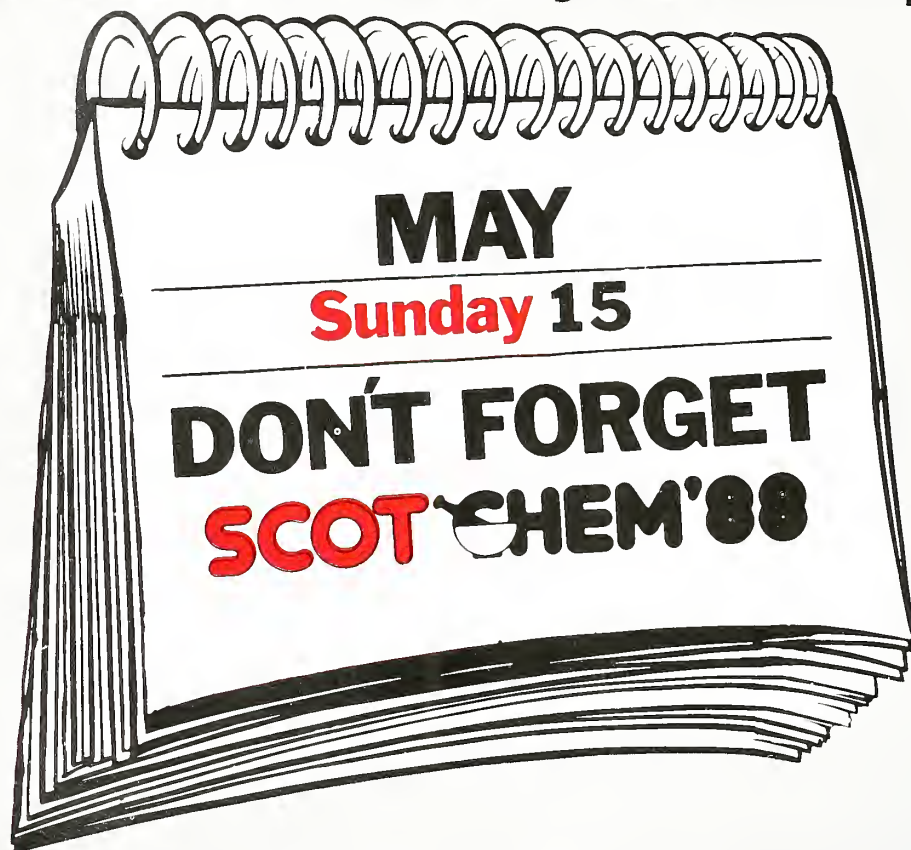


Alan Turner, marketing manager

Pharmacists needed help in this area, and Vestric was working to provide a better business development package. The manual on front shop development was in great demand. "But we feel this should only go to those who support us," he said. "Why dilute the package?"



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# Remuneration at risk

The Government's refusal to guarantee adherence to the cost plus remuneration system beyond March 1989 has been strongly criticised by PSNC chief executive Alan Smith. And he has condemned the Department of Health's imposition of an 0.34 per cent increase in discount clawback to take account of parallel imports as "grossly unfair".

The increase, which raises the average discount clawed back to 8.1 per cent, will be applied to all contractors from May 1 whether they use PIs or not. "PSNC has refused to have any truck with this," Mr Smith told delegates at the Vantage Convention in Marbella last week. "It is grossly unfair that those who have not indulged should be penalised."

## 'Grossly unfair to penalise non-users'

One major multiple that has not used PIs may challenge the DHSS move legally, he suggested. "It is also grossly unfair to wholesalers to encourage parallel importing through short liners," Mr Smith said.

The Minister of Health has made it quite clear to PSNC that the Government "could not be committed to continuing the present remuneration system beyond March 1989," Mr Smith said this was the worst news he had had since joining PSNC. No alternative system of remuneration has been proposed. "If we go away from cost plus and start horse trading, remuneration could become a morass from 1989

onwards. When dealing with a monopoly employer you cannot get a fair deal on such a basis," he warned.

With 97 per cent of prescriptions coming from the NHS, and providing 70 per cent of an average pharmacy's income, remuneration could not be left up in the air. A move away from cost plus could put community pharmacists in a similar situation to those in hospital. Even with the backing of a large trade union they have made little progress, said Mr Smith.

He then looked at other areas where remuneration was at risk. The Government has looked at the idea of tendering to cut costs. Large pharmacies where unit costs are low are likely to do well. It would be a most effective way to force smaller dispensing businesses to close, said Mr Smith. "The health service and pharmacy is far too important to put out to the vagaries of commercial tendering. I don't see how the quality of service or distribution of pharmacies could be provided," he said.

The latest costs inquiry showed pharmacists were moving in the direction urged upon them by the Nuffield Report and the White Paper on Primary Health Care. Dispensing time per script has gone up from four to five and a half minutes as more time is spent with patients, and this has been reflected in higher costs. "But now the Department seems reluctant to pay for it," Mr Smith noted. He was, however, pleased to see pharmacists actually valuing themselves and the notional salary

rising above £20,000.

Although pharmacists must grasp the opportunity for extending their role, Mr Smith said there were financial and legal concerns. Delegating dispensing to a technician would lower costs, and under the present contract, remuneration. Unless the NHS Act is changed to allow payment for the advisory role, there could be problems in two years' time, he warned.

The DHSS has agreed to extend the compensation scheme in order to reduce the number of pharmacies. "You may think it wonderful if you are doing more scripts, but this is rather short sighted," he said. Fewer pharmacies dispensing the same number of prescriptions means the unit cost of dispensing goes down, and consequently so do payments.

Pharmacies in groups two and three (dispensing between 16,000 and 40,000 items a year) are currently under-remunerated, said Mr Smith. "When the new contract was brought in PSNC was given a Government undertaking that there would be no financial detriment to such pharmacies. This is now happening because of the Department's intransigence in refusing to set an equitable fee for next year," said Mr Smith. It will be at least two months before new bands for prescription fees are agreed, he said. "Since the profit element is only 4 per cent, and 96 per cent is to pay costs, we must get it right."

The new Health and Medicines Act allows health

authorities to raise money by selling. "Imagine the chaos in the wholesale field if RHAs start selling lines they have bought cheaply through regional contracts," said Mr Smith. Accountants Touche Ross are currently only investigating generics, but their interest is expected to expand into other areas. If a price differential is shown between hospital and community, general managers might be gingered into acting commercially and selling to the



PSNC chief executive Alan Smith

community sector, he suggested.

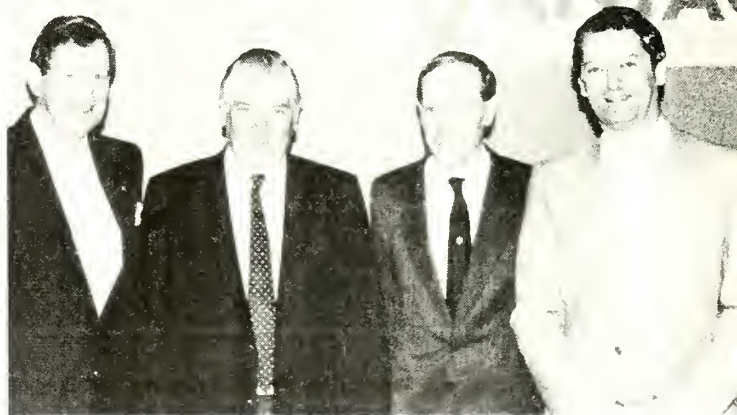
Under the Medicines Act any doctor can supply drugs to a patient. The legislation which prevents doctors dispensing for their own patients, except in rural areas, is the NHS Act. Before that only 12 per cent of scripts were dispensed by pharmacists. A shift toward privatisation would see an increase in doctor dispensing in urban areas, Mr Smith warned.

## Nuffield US style

While the Nuffield Report provides a significant signpost for the way ahead, the American "Millis Report" a decade earlier covered much the same ground and came to similar conclusions, said Professor Patrick D'Arcy of the Queen's University of Belfast (right). Both reports commented that pharmacists were highly educated but underutilised. The Millis Report said that if pharmacists were to participate actively in primary and preventative care it would be not so much as dispensers of drugs but as dispensers of drug information. There were, however, differences in that the Nuffield Report envisages community pharmacy remaining individualistic, while Mills looked



towards greater organisational changes. Since the Millis Report there has been considerable development in the teaching of clinical pharmacy in the US, and an enhanced hospital role for pharmacists. Advances in community pharmacy were not so clearly developed, said Professor D'Arcy.



The top men from AAH: Peter Worling, recently made a director of AAH Pharmaceuticals Ltd (left), with Bill Pybus, chairman of AAH Holdings, Bill Revell, chairman of AAH Pharmaceuticals, and (right) David Taylor, managing director of Vestric.





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# Pharmacy healthcare — AAH style

Pharmacies should be the healthcare centres of the future, and AAH are putting together a surgical sundries package to help them achieve that aim, AAH Pharmaceuticals director Peter Worling told delegates. He also outlined developments for Link pharmacy computers to be introduced during the Summer.

A major area of growth for community pharmacy is in developing effective home health care services, said Mr Worling. Shorter hospital stays, with patients spending more time at home recuperating gives an opportunity for a complete service to such people. The increase in the number of elderly people means their needs will be increasingly important. "People are used to being comfortable and are prepared to pay. The problem is that they do not know where to go. At the moment this market is served by surgical houses with retail establishments. The pharmacy is more convenient," he said.

AAH plan to give pharmacists every support to take advantage of this opportunity, said Mr Worling. There has been a development of the surgical

distribution service with ethical branches now carrying all the popular items. "Later this year we will offer a surgical package giving all the details you require to set up a specialised area to deal with this new and growing market," promised Mr Worling.

Community pharmacy has at last arrived at a point where the Department of Health has recognised its role in the future of the primary health care team. But the NHS is at the centre of public debate. "As a profession we should not allow ourselves to be overpowered by criticism of the service nor lose sight of its achievements, and the contribution of community pharmacy," said Mr Worling.

Attention has been drawn to the important part played by the GP as a "gatekeeper", who vets patients before they are allowed access to more expensive hospital services. Only one-tenth of patients pass through this gate, and this is one of the reasons for the low cost of the NHS as a percentage of GDP. "The point which has not been made is that the pharmacist also plays the role of gatekeeper," said Mr Worling.

The pharmacy is the most

efficient centre for providing many community health services, he said. "I have a vision of the pharmacy developing as the health care centre." It would keep patient records to enable effective counselling, provide health screening programmes and offer a home care service. It would arrange specialist services such as private nursing and chiropody if required. Some American pharmacies already offer such a package.

"It is beyond belief that when there is such an opportunity to advance the profession pharmacists allow this to be put in jeopardy," said Mr Worling. "The publicity occasioned by Unichem's attempt to monopolise the wholesale market presents pharmacy to both Government and patient as a group of shopkeepers out to make the quickest profit with the least effort. It debases pharmacy and pharmacists."

Unichem say they will accept orders from Link equipment, said Mr Worling. "We understand that this is because they do not intend any further development of their own. This is a dangerous step because we will shortly be



**Peter Worling, director, AAH Pharmaceuticals**

introducing new software. They will have to invest in updating their hardware to keep pace with it."

In June a new products also — Link 2 plus — will be introduced. This sophisticated new hardware will use new Link 2 software (which will also be available to existing Link 2 users) for order entry and dispensing purposes but will have additional patient record features. All previous Link 2 hardware will be upgraded at minimum cost, said Mr Worling. Later in the year a new software will be available with a drug interaction program as part of the patient dispensing program.

## MAY AND BAKER

### FOR THE ATTENTION OF ALL PHARMACISTS

It has been brought to our attention that Stemetil 5mg tablets, which had been exported to the Far East, are being offered to Pharmacists in the UK.

**Batches known to be involved are: DX1160, DX1161, DX3834, DX3835, DA1394, DA1392, DX2708-11 AND DX2058-62. However, other batches may also be involved.**

The tablets which are white in colour, do not comply with the current UK Product Licence, hence supply of these tablets to Pharmacists is in contravention of the Medicines Act 1968. Tablets complying to the UK Product Licence are off-white to cream in colour.

Pharmacists are asked to check their stocks of Stemetil 5mg tablets. Tablets found not to comply to the UK Product Licence should be returned to their supplier.

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# Making pharmacy practice perfect

Geoff Booth, who has been appointed the first professor of pharmacy practice in the UK (last week, p810), wonders if he will ever get used to his new title.

When someone addressed a question to "Professor Booth" at a meeting last week, he looked round waiting for another person to reply!

To him, the appointment represents the end of a 25 year struggle to get pharmacy practice recognised as an academic discipline in its own right — starting in the early sixties when he helped establish the pharmacy practice research unit at Bradford University, where he holds the new chair. The significance of the appointment is that he will, hopefully, have the manpower and cash to improve teaching of pharmacy practice at undergraduate level and to co-ordinate research into topics of far-reaching consequences for the profession.

## 'No man's land'

Were it not for the Nuffield inquiry, pharmacy practice would still be in an academic "no man's land", he believes.

"Nuffield gave us an enormous momentum by highlighting a gap in the way pharmacy education applied theory to practice and the vacuum in knowledge on which the profession could base serious policy decisions. There are so many areas of pharmacy practice in which hard facts are lacking, which means we can only proceed on an anecdotal background," he says. "For instance, we are still unsure about future manpower requirements. We still don't know what contribution women are likely to make, what attracts them back to pharmacy after having children, and so on. There are so many questions that need answering before we can pursue a policy".

Another significant aspect of his promotion is that it improves the career prospects for academics interested in this field of study. Previously they were cut off from the ultimate accolade of a



"chair", the goal of most ambitious academic pharmacists. "Others will now be tempted to explore this area, knowing the top of the tree is available to them," he says.

Professor Booth's immediate task is to raise the resources needed to provide undergraduates with a more diverse education, linked more to the practical application of science-based knowledge at the interface with patients and other health care professionals.

At postgraduate level the increased resources should create wider opportunities for research and further education in all three branches of pharmacy practice.

On the industrial side a wide range of topics are hardly touched in the undergraduate course, such as regulatory affairs, the philosophies of marketing and the relationships with governments in

a nationalised health service.

Professor Booth's post has been sponsored by Glaxo Pharmaceuticals and without their help it would never have been created. The company has made it clear he will have complete independence in the way he carries out his duties and a steering committee has been set up, comprising Glaxo personnel and university staff, to support and advise him.

"What I'm anxious not to do is to direct the work of others but to encourage them to use their own innate abilities and enthusiasms for particular topics," he maintains.

He is convinced that other pharmacy schools will follow suit and appoint professors of pharmacy practice, but such is the state of university finance that industry funding will be essential. "We have always fostered close

links with the industry and, while the universities desperately need financial support, both sides stand to gain from the partnership. Hopefully the feedback from our research will benefit the industry in a number of ways."

Because pharmacy practice embraces such a wide area, Professor Booth foresees further specialisation, with chairs in community pharmacy practice, hospital pharmacy practice, and so on, leading to an elevation in quality as well as breadth of research.

Another hope is that it will "concentrate the minds" of academics interested in pharmacy practice to agree on a basic undergraduate syllabus that each school can develop as desired.

A member of the Pharmaceutical Society's Council and former president, Professor Booth hopes his new job will still allow him time for pharmacy politics. The work he has done for the profession has been a source of inspiration for his research.

## Council benefits

"The information gained and the breadth of vision I have been privileged to listen to in committees have all contributed to my studies. Another enormous advantage of being on Council is that it has enabled me to meet a wide range of people in other professions and political circles. They have been a constant stimulus and source of ideas."

His own research topics have always been broadly spread across the three branches of pharmacy. Topics he thinks need researching include the more effective use of medicines with regard to patient compliance, how interaction with other professions can be improved, ways of strengthening the doctor-pharmacist relationship — in particular by setting up local drug formularies, the standard of pharmaceutical services in intercity areas, and at a very basic level — "what makes pharmacists tick?"

Clearly, there is plenty to keep him busy for another 25 years....



# Unauthorised contract application

Bolton Family Practitioner Committee recently received an application for a new pharmacy contract from a person who is apparently not a pharmacist, not a body corporate, and not a partnership.

Prior to the meeting of the pharmacy practice sub-committee, comments were invited from the Local Pharmaceutical Committee, who queried the validity of the application under consideration. The LPC consulted the Pharmaceutical Services Negotiating Committee which expressed the view that the application should not be considered as it stood, and the Pharmaceutical Society of Great Britain did not wish to comment on the matter.

Because of the concern expressed by the LPC, Bolton Family Practitioner Committee sought the views of the Department of Health: its view was in direct opposition to that of the PSNC. DHSS said that there was no reason why the application should not be handled in the normal way at that stage.

In view of the opposing views and advice received, Bolton LPC decided to pursue the matter further. After discussions with the PSNC and the DHSS, both bodies suggested that, if we wished to have further clarification of the interpretation of the legislation, then we should take the matter to the courts!

As a Local Pharmaceutical Committee we do not wish to expend our funds on taking such matters to the courts. We feel that it is up to our negotiating body, and the PSGB to look after our interests, and we are critical that such a situation could arise. Surely LPC's should not be expected to

do the job which our negotiators should be doing!

Jean Rothwell  
Bolton Local Pharmaceutical Committee.

## Problems at Ramadan

Once again Ramadan — a very important event in the Muslim calendar — has come around. Like members of other religions, many Muslims need to take medication on a daily basis and are thus put in a very difficult position. They either take their medication as prescribed and break the "fast", or conform to the rules governing this religious period and, in doing so, are unable to ingest anything (even water) between dawn and dusk. There are no exceptions, even on medical grounds, if one wants to participate in the fast. It is a pity I did not think of this problem before the fast started; I know that this problem has been brought to our attention as pharmacists before.

Many pharmacists and doctors will have advised their patients on the taking of prescribed medication during Ramadan but also, there are probably those who are unaware of the problems. One answer to this problem is the prescribing of "longer-acting" drugs or sustained-release preparations to Muslims. I realise the cost will increase but I am sure that compliance would increase throughout the year. This is not a universal answer to a complicated issue, but nevertheless, many patients will, in theory, receive round-the-year control of the condition(s) requiring medical therapy. This should be done with the co-operation of the medical personnel involved.

Pharmacists can also use their knowledge to the benefit of such individuals by recommending once or twice daily preparations for

those seeking OTC medicines.

And what is the acceptability of the non-oral routes of administration, eg inhalation, injection, etc, during the daylight hours of Ramadan?

Dai John  
Cardiff

## Private prices

I have some sympathy with Xrayser's soul searching about the NHS script for 20 penicillin V 250mg when it attracts the standard prescription tax, but his solution is a non starter. Form FP10 is the property of the local FPC — retaining it as a private prescription could be regarded, by the bureaucratic "mind", as theft. Be that as it may — I am alarmed to read that Xrayser would consider making an endorsement on any prescription "Dispensed at Cost". We have a scale of fees for dispensing private prescriptions.

If I am presented with a private script for penicillin V 250mg I calculate the cost as: 33p for 20; 40p for 24, and 46p for 28 tablets. When these prices are worked up by the Pharmaceutical Society's recommended method for pricing and the container cost added in, the prices become £1.44, £1.50 and £1.57 respectively. I hope that is what Xrayser meant by "at cost".

I'm sure the nation would like to have the alternatives spelled out to them with a chance to vote on it at a suitable election.

If the prescription charge was abolished, which most of us would like to see, how many pence on the standard rate of income tax would yield the same amount of money less, of course, the not inconsiderable savings on administration. It would be nice to have the choice.

John Savage  
York

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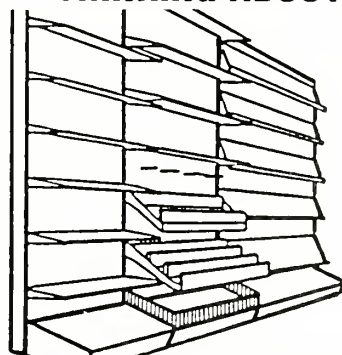
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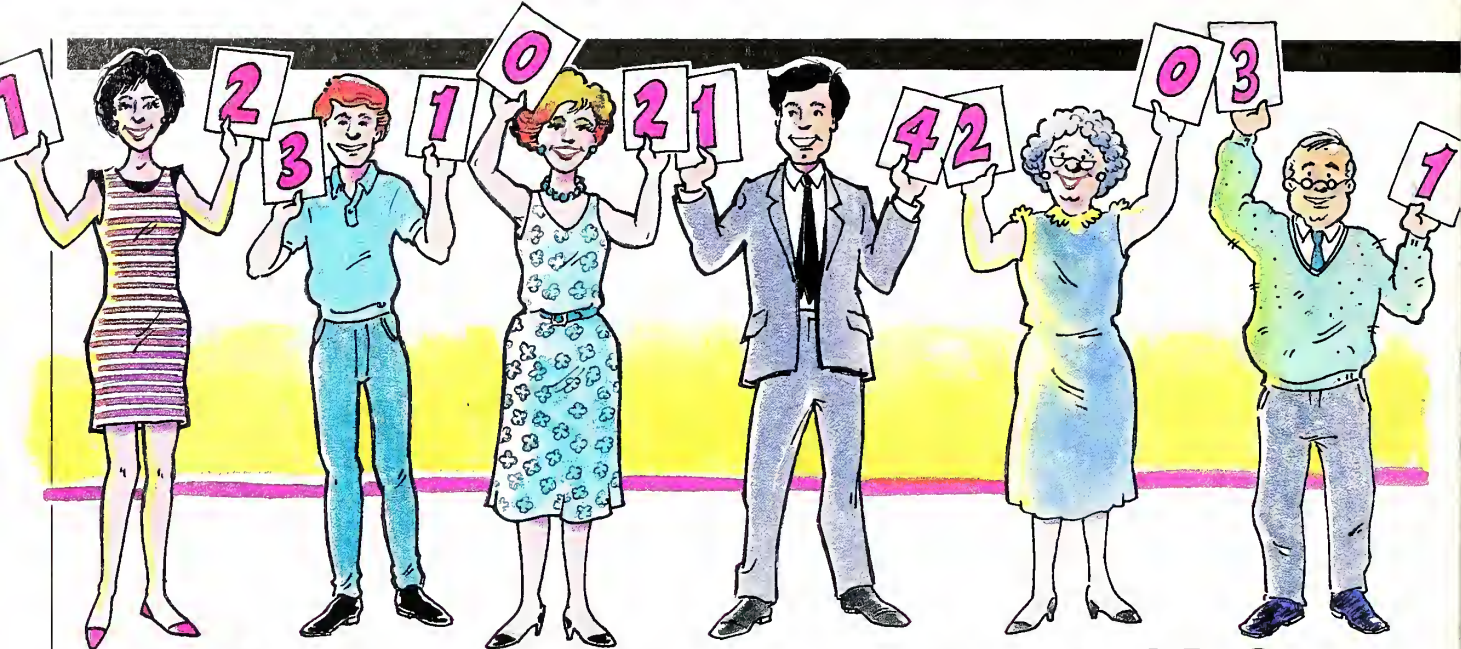
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# Toiletries 'top ten' from SDC

Who tops the charts in the haircare market, and who smells sweetest in the male and female fragrance sectors? With figures from market researchers Syndicated Data Consultants, *C&D* looks at the top performers in these markets and others by both brand and company. The statistics are for the year ending December 1987 and include the market size and year on year growth.

## CONDITIONERS

Market size £58.9m + 5 per cent

- |                   |                      |
|-------------------|----------------------|
| 1. Elida Gibbs    | 6. Gillette          |
| 2. Revlon         | 7. Wella             |
| 3. Alberto Culver | 8. Boots own         |
| 4. Vidal Sassoon  | 9. Henna Hair Health |
| 5. Beechams       | 10. Avon             |

## BEAUTY SHAMPOOS

Market size £114.3m + 11 per cent

- |                      |                     |
|----------------------|---------------------|
| 1. Elida Gibbs       | 6. Boots own        |
| 2. Beecham Group     | 7. Colgate          |
| 3. Alberto Culver    | 8. Gillette         |
| 4. Johnson & Johnson | 9. Reckitt & Colman |
| 5. Revlon            | 10. Sainsbury       |

## STYLING PRODUCTS

Market size £51.4m + 27 per cent

- |                   |                       |
|-------------------|-----------------------|
| 1. L'Oreal        | 6. Schwarzkopf        |
| 2. Wella          | 7. Vidal Sassoon      |
| 3. Alberto Culver | 8. Beecham Group      |
| 4. Boots own      | 9. Marks & Spencer    |
| 5. Elida Gibbs    | 10. Ashe Laboratories |

## HAIRSPRAYS

Market size £106.9m + 14 per cent

- |                  |                     |
|------------------|---------------------|
| 1. Beecham Group | 6. Reckitt & Colman |
| 2. Elida Gibbs   | 7. Wella            |
| 3. L'Oreal       | 8. Schwarzkopf      |
| 4. Boots own     | 9. Alberto Culver   |
| 5. Gillette      | 10. Vidal Sassoon   |

## DEODORANTS

Market size £107.3m + 12 per cent

- |                  |                  |
|------------------|------------------|
| 1. Elida Gibbs   | 6. Bristol Myers |
| 2. Gillette      | 7. Faberge       |
| 3. Shulton       | 8. Boots own     |
| 4. Beecham Group | 9. Ashe Labs     |
| 5. Colgate       | 10. Cussons      |

## HAIR COLORANTS

Market size £80.9m + 2 per cent

- |                   |                   |
|-------------------|-------------------|
| 1. Bristol Myers  | 6. Boots own      |
| 2. L'Oreal        | 7. Alberto Culver |
| 3. Wella          | 8. Beecham Group  |
| 4. Warner Lambert | 9. Chattem        |
| 5. Elida Gibbs    | 10. Gillette      |

## TALC & DUSTING POWDER

Market size £54.7m + 5 per cent

- |                      |                    |
|----------------------|--------------------|
| 1. Avon              | 6. Cussons         |
| 2. Johnson & Johnson | 7. Shulton         |
| 3. Marks & Spencer   | 8. Faberge         |
| 4. Beecham           | 9. Rigease         |
| 5. Boots             | 10. Smith & Nephew |

## HOME PERMS

Market size £27.4 n/c

- |                      |
|----------------------|
| 1. Warner-Lambert    |
| 2. Gillette          |
| 3. L'Oreal           |
| 4. Elida Gibbs       |
| 5. Chesebrough Ponds |

## SHAMPOOS

Market size £159.0m + 7 per cent

- |                      |                      |
|----------------------|----------------------|
| 1. Elida Gibbs       | 6. Revlon            |
| 2. Beecham           | 7. Boots             |
| 3. Proctor & Gamble  | 8. Colgate Palmolive |
| 4. Alberto Culver    | 9. Sainsbury         |
| 5. Johnson & Johnson | 10. Gillette         |

## BATH & SHOWER

Market size £79.8m + 8 per cent

- |                          |                      |
|--------------------------|----------------------|
| 1. Nicholas Laboratories | 6. Sainsbury         |
| 2. Avon                  | 7. Reckitt & Colman  |
| 3. Marks & Spencer own   | 8. Superdrug         |
| 4. Boots own             | 9. Johnson & Johnson |
| 5. Beecham Group         | 10. Body Shop        |



## ALL MAKE-UP

Market size £393.4m + 9 per cent

- |                       |                      |
|-----------------------|----------------------|
| 1. The Revlon Group   | 6. Yardley           |
| 2. Boots              | 7. Marks & Spencer - |
| 3. Avon               | 8. Elizabeth Arden   |
| 4. Rimmel             | 9. Lancôme           |
| 5. Estee Lauder Group | 10. Oriflame         |

## SKIN CARE

Market size £298.4m + 12 per cent

- |                       |                       |
|-----------------------|-----------------------|
| 1. Boots              | 6. Smith & Nephew     |
| 2. Avon               | 7. Lancôme            |
| 3. Richardson Vicks   | 8. Oriflame           |
| 4. Estee Lauder Group | 9. Beecham Group      |
| 5. Chesebrough Ponds  | 10. Johnson & Johnson |

## FEMALE FRAGRANCE

Top ten companies: Market size £338.3m + 11 per cent

- |                 |                     |
|-----------------|---------------------|
| 1. Beechams     | 6. Christian Dior   |
| 2. Estee Lauder | 7. Avon             |
| 3. YSL          | 8. Max Factor       |
| 4. L'Oreal      | 9. Coty             |
| 5. Chanel       | 10. Elizabeth Arden |

Top ten fine brands: Sector size £214.9m + 12 per cent

- |                |                 |
|----------------|-----------------|
| 1. Opium       | 6. Chanel No. 5 |
| 2. Anais Anais | 7. Rive Gauche  |
| 3. Youth Dew   | 8. Obsession    |
| 4. White Linen | 9. Miss Dior    |
| 5. Poison      | 10. Paris       |

Top ten mass brands: Sector size £123.4m + 9 per cent

- |              |                |
|--------------|----------------|
| 1. Le Jardin | 6. Cachet      |
| 2. L'Aimant  | 7. White Satin |
| 3. Charlie   | 8. Lace        |
| 4. Panache   | 9. Chique      |
| 5. Tweed     | 10. Pure Silk  |

## MALE FRAGRANCE

Top ten companies: Market size £160.3m + 15 per cent

- |                        |                            |
|------------------------|----------------------------|
| 1. Shulton             | 6. Avon                    |
| 2. Aramis              | 7. Givenchy                |
| 3. Faberge             | 8. Chanel                  |
| 4. YSL                 | 9. Elida Gibbs             |
| 5. Creative Fragrances | 10. Prestige & Collections |

Top ten fine brands: Sector size £89.2m + 18 per cent

- |                 |            |
|-----------------|------------|
| 1. Aramis       | 6. Lacoste |
| 2. Kouros       | 7. Drakkar |
| 3. Paco Rabanne | 8. Xeryus  |
| 4. Antaeus      | 9. Cardin  |
| 5. Noir         | 10. Armani |

Top ten mass brands: Sector size £71.1m + 11 per cent

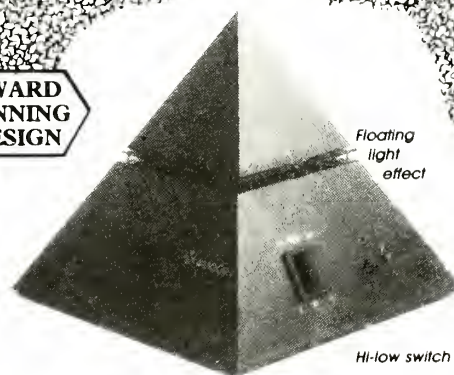
- |                 |                  |
|-----------------|------------------|
| 1. Brut for Men | 6. Blue Stratos  |
| 2. Old Spice    | 7. Yardley Gold  |
| 3. Insignia     | 8. Magnum (Avon) |
| 4. Mandate      | 9. Tabac         |
| 5. Denim        | 10. Cedar Wood   |

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Cod liver oil, Disprin and the origins of the Hull Pharmacists Association were a few of the subjects discussed at the annual conference of the British Society for the History of Pharmacy held in Hull last week.

"Three hundred years of cod liver oil industry" was Mr Stuart Reed's contribution. He pointed out that cod liver oil had been widely used for centuries but the first extensive clinical tests were carried out by Dr Kay of Manchester Infirmary between 1752 and 1784.

Later work on the Continent led to the appreciation of the medicinal value of the oil especially in cases of malnutrition and rickets. In 1850 it was administered for controlling symptoms of pulmonary consumption. However it was not until 1918 that the anti-rachitic factors were discovered and the fish oils were subjected to intensive research.

Much of the early business in medicinal cod liver oil consisted of imports from Norway, but in the 1930s trawlermen began to experiment with boiling equipment at sea to extract oil from cod livers. By 1936 a new British industry had been created and pharmaceutical quality oils were available.

## Fishy tales of former years

In a history of Reckitt & Colman, Mr R.S. Harris traced the development of a number of branded preparations. Originally the company manufactured starch, but in 1932 Dettol was introduced to the medical profession. In 1933 after acquiring "Cherry Blossom" the company was organised into three divisions — household, food and pharmaceutical products. Dettol became recognised as the prime general antiseptic for gynaecological use and it was the single largest line marketed internationally. 1948 saw the introduction of Disprin. In 1960 Westminster Laboratories were acquired. Their products included Senokot and Gaviscon. During the early 1970s the company's pharmaceutical business was restructured and in 1973 Lloyds pharmaceutical business was acquired adding Bonjela and Transvasin to the Reckitt & Colman lists.

Parallel with the marketing activities the company expanded

its research work thus progressing from simple single products to today's highly technical developments.

In his paper "The Hull Pharmacists Association", Roger W. Odd referred to the formation of the Pharmaceutical Society in 1841 when three Hull chemists — James Baynes, William Broomhead, Henry Garton — were among the founder members. By 1842 local members of the Society totalled 20 plus 12 associates who were working with seven Hull chemists as trainees.

At the 1861 census nearly 200 chemists and druggists were recorded in Hull. The number of retail shops was 96. With much of the dispensing being undertaken by medical practitioners there was a move among British chemists to form an organisation to protect their interests.

The United Society of Chemists and Druggists was formed in 1861. In 1863 the medical practitioners sought Parliament's sanction to obtain

control of chemists whereupon a large meeting of Hull chemists in November 1863 resolved to form a branch of the United Society.

In 1865 a deputation of Hull chemists went to the House of Parliament to urge opposition to the physicians Bill.

The local Hull branches of the United Society and the Pharmaceutical Society established a good understanding during 1867 and unanimously supported the Pharmacy Bill which ultimately became the Pharmacy Act 1868. This made it unlawful for any person to sell poisons or use the title of chemist and druggist unless he was a pharmaceutical chemist or a chemist and druggist, and all future entrants to the profession had to pass examinations.

As a result of the Act the United Society of Chemists and Druggists in Hull "died" as an organisation and was replaced by the Hull Chemists Association in 1868. In the mid 1920s the local branch of the Pharmaceutical Society amalgamated with the Hull Chemists Association. In the last ten years the name was changed to the Hull Pharmacists Association and now the membership of the Branch and Association stands at 270.

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# BUSINESS NEWS

## The price 'out of town'

Chemists will be among those to suffer from the emergence of giant out of town shopping centres, according to the Union of Shop, Distributive and Allied Workers who were holding a conference at Eastbourne this week.

They claim over 1 million sq ft of shopping floor is being planned, which is more than the total built over the last 20 years. Two thirds is for out of town, and a quarter for very large developments of 500,000 sq ft or more. Deputy general secretary John Flood referred to the "doughnut syndrome" which could result from businesses moving away from town centres, leaving a hole.

"The old and sick who are left in that hole are just the people who need a local chemist" says USDAW spokesman Pat Jones, "but they often can't afford the transport to go to one out of town".

The union wants to put pressure on local councils and the Government to pass legislation against the large-scale operations because of their knock-on effects on small businesses, as well as the social implications and the possible job losses due to new technology.

## 100 years on show

Bayer are mounting a two month exhibition to celebrate the centenary of their pharmaceutical history, held at Bayer House in Newbury. Visits to the exhibition by interested groups are being arranged by the company's ethical products business group.

## Unichem seek vote of support for scheme

Unichem's chairman David Mair says members will be asked to endorse the Society's share scheme at the annual meeting on the afternoon of Wednesday, May 18: "a convenient time because of half day closing".

In the annual report, published this week and detailing their 23.7 per cent rise in pre-tax profits for 1987, Mr Mair underlines that this endorsement is not the same as voting to reconvert to a public company. "Neither the Board nor membership is committed by the share scheme to conversion should circumstances change in a way which is not presently expected. Members were similarly asked to vote in favour of the Unibond scheme in 1985. Mr Mair anticipates all pro-Unichem members, whatever their stance on conversion or takeover, endorsing the scheme. The time for members to decide on the question of flotation is 1990 in the proper context of Unichem's strength at that time and the Stock Market conditions then."

He goes on to outline reasons against conversion at an earlier date including: adverse market conditions following October's Stock Market crash; the fact it would pre-empt the present Review Panel Report to Government on pharmacist's profits which could place uncertainty on the value of Unichem's shares; Unichem's belief that they will be stronger by 1990 and therefore less vulnerable to a predatory bid, and the time it gives the Board to gain experience and build up the confidence of the City.

David Mair also confirmed that the AGM would take place before any EGM likely to arise out

of member John Newbould's initiative (**Business News**, last week). On Friday Mr Newbould says he sent 580 forms to Unichem's company secretary supporting an AGM to discuss his resolution that the Society should be converted into a limited liability company and seek a stock market quotation in 1988 or such later date as the members direct. Unichem's Board say it still had not received these as C&D went to Press, but added that if the forms proved valid, and once they had set the wheels in motion, the EGM would fall after May 18 so not to overlap with the AGM.

Unichem's chief executive Peter Dodd has pointed out that John Newbould's sales only just exceed the minimum level necessary to maintain the account, and that he deals with Vestric; facts that Mr Newbould considers irrelevant to his action.

## No-go loan

One of the loan schemes launched by Unichem last week in conjunction with Barclays Bank (see *Business News*) has been withdrawn.

The package in question was designed to attract customers using the AAH/Statim Finance scheme operated by Barclays, so giving them the benefits of Unichem's share scheme.

Barclays had no comment other than to say that they had withdrawn from the arrangement for commercial reasons. They will, however, continue to offer the Unichem package to enable purchase of a freehold property over 20 years.

## DTI ruling not OK

The Department of Trade and Industry had no comment to make as C&D closed for press on a Unichem claim that they had given the Department "undertakings" on future documents or advertisements relating to their flotation scheme following a complaint made by AAH. AAH say they have not been advised of the outcome of their complaint.

Unichem issued their statement at 2.25pm on Wednesday following a story in that day's *Guardian* headed: "DTI likely to rule in favour of Unichem's scheme." The key paragraph in the statement reads: "Following complaints to the DTI by Unichem's competitors, the DTI has sought undertakings from Unichem, which were willingly given, that future documents and advertisements promoting the scheme should be circulated by a stock broker or licensed dealer and conform generally to the new legislation coming into force on April 29, 1988."

## Sanpro ads

Sanpro ads will soon be screened on ITV, but will be subject to the same restrictions as applied to Channel 4's sanpro commercials.

This is the decision of the Independent Broadcasting Authority which is now negotiating the times permitted for screening sanpro commercials, though it's likely that this will be confined to audiences of females or adults.

A spokeswoman for the Advertising Advisory Committee said their research had revealed a particularly low acceptance level for this sector, lower than for advertising of condoms.

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## Cashing in on Shakespeare

Shakespeare will be appearing in store soon, as Clearing Banks issue a redesigned cheque guarantee card using the playwright's picture as its standard symbol.

The changes were outlined at a conference held by the Cheque Card Committee last week. They are designed to provide an "instantly recognisable" standard symbol on all standard £50 guarantee and some multi-function cards, to allow easy recognition at POS, and make it adaptable to increasing functions and to allow the bank more room to promote their name. Space will be allocated as shown with the customer's signature now being put on the back of the card.

Multi-function cards using the new symbol will be phased in from now, the cheque guarantee cards will come in from September — though existing cards will remain valid until their expiry date, up until September 1990.

Some 0.5m retailers will be receiving a direct mail package backed by advertisements in the consumer and trade Press. POS material explains the changes reminding staff that a £50 reward is offered by the committee for spotting a fraudulent card.

Fraud was a matter of concern for retailers attending the conference. They argued the small size of the signature tab, which will be smaller on the new card, makes it difficult for accurate signature comparisons to be made. The Retail Consortium argued in favour of raising the £50 ceiling on guarantee cards, as the retailer currently bears the cost of dishonoured cheques over £50.

## Rate protection for small businesses

The Government has been urged to ensure that the protection provided for small businesses when the new rateable values and the uniform business rate take effect in 1990 does not benefit the High Street multiples as well.

Mr Nicholas Ridley, the Environment Secretary, confirmed in the Commons last week that two "ceilings" will be imposed on the rate burdens imposed at that time — "one for the larger businesses and one for the smaller businesses".

The levels at which they are set will be determined when the results of the revaluation of commercial premises are known, probably in the Autumn.

Mr Ridley gave assurances which helped to contain a revolt by Tory backbenchers concerned about the likely impact of a uniform business rate.

He emphasised that the biggest increase in rateable values is likely to fall on those businesses occupying prime High Street sites and paying high rents.

Mr Ridley's forecast that as a result of the higher rateable values the rents of such premises are

likely to fall was greeted with open scepticism from both sides of the House.

But he insisted that this possibility should be taken into account together with the likelihood that such a fall in rents would lead to a reduction in rateable values at the next revaluation in 1995.

For this reason, Mr Ridley was insistent that there should be a degree of flexibility about the further transitional relief to be provided by the Government after 1995.

Sir Hugh Rossi (C), a former Minister at the Department of Environment, warned that if a £15,000 rateable value were to be set as the threshold for the relief to be provided for small businesses one particular retailer with more than 2,000 stores would obtain relief on 85 per cent of them. Another retailer with 1,200 outlets would secure relief in respect of 84 per cent of them.

Sir Hugh stressed that the distinction that needed to be borne in mind was "not between small and large units but between small and large businesses".

## The cost of ignorance

Government debate comes at a time when nearly two thirds of Britain's smaller companies are shown to be unaware of the cost implications of the Rating Reforms, according to a survey commissioned by Herring Son & Daw. While 83 per cent of small to medium-sized companies are aware that a rating revaluation is due to take place in 1990, only 37 per cent are aware of the likely financial effects on their business.

The larger the company the better informed it tends to be, says the report, and it points out that fewer than one in four companies surveyed have been concerned enough about the revaluation to appoint advisors.

## Switch on

The Retail Consortium has welcomed a joint debit card system by National Westminster, Midland and The Royal Bank of Scotland.

The Switch card electronic system is designed to reduce costs for banks and retailers by debiting the customer's account automatically as cards are swiped thro' POS terminals.

A £50 limit on transactions will be flexible because it could be raised by the retailer after checking through the terminal or telephone.

Because the banks will be in competition with each other charges will be competitively determined so the scheme is unlikely to encounter the problems Barclays had with their Connect card.

## Booker in for nutrition business

Booker Nutritional Products, Booker's new business set up to concentrate on vitamins and nutritional supplements, became fully operational last week (*C&D*, March 26, p602).

BNP will be selling the Healthcrafts, Ladycare, Heath and Heather, American Nutrition and related brands through a specialist sales force calling on both pharmacies and health food stores. Pharmacies will be able to order direct (minimum £200), with a three day delivery, or through Unichem and Vestric. Brewhurst will be dealing only with foods and have been transferred to Booker's other wholesaling interests in the food distribution division.

Denis Bowley, formerly chief executive, UK wholesale division, becomes BNP's managing director. Michael Evans is general manager, UK brands and private label; David Adams is managing director, Nature's Best — the mail order supplement company taken over last November, and Paul Ashworth is to run the international business and technical development side.

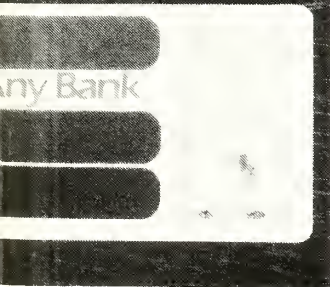
Mr Bowley told *C&D* the company plans to develop the pharmacy business. Boots command a 26.8 per cent share of total sales. Growth has been marked (15.7 per cent increase) in "other chemists", who are responsible for 22.5 per cent of the market. Drugstores showed the largest growth of 39.4 per cent to 12.7 per cent, while grocers grew 47 per cent to claim 11 per cent of the market.

Mr Bowley thinks there are major opportunities for market expansion as only one-fifth of the UK population takes vitamin supplements, compared with two-fifths in the USA.

### COMING EVENTS

Thursday, May 5

Wirral Branch, Pharmaceutical Society, Wirral Postgraduate Medical Centre, Clatterbridge Hospital at 8pm. Discussion of Branch Resolutions.





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## APPOINTMENTS

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Moss Chemists require a manager for their in-store pharmacy at the Asda Superstore at Braunstone, Leicester.

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# ABOUT PEOPLE

## Thornton new NPA chairman

Michael Thornton, who has a pharmacy in Poole, Dorset, has been elected chairman of the National Pharmaceutical Association for the coming year.

Michael Thornton

Roy Jones



pharmaceutical officer, Camberwell Health Authority, and Miall James, Essex LPC secretary and part-time locum and consultant, were re-elected to join Professor Ganderton at the Board for a three year term.

Miss Hodges has been a member of the Board of Management, latterly the Board of Governors, since 1981; she became CPP secretary in 1986. Mr James was the College's first treasurer and was one of the first to achieve membership by examination.

Miss Catherine Norris, staff pharmacist, Hollymoor Hospital, Birmingham, won the associate (formerly student) member representative election, and now has the right to attend Governor's meetings.

## New Guild president

The Guild of Hospital Pharmacists have elected Mr V'Iain Fenton-May, a principal pharmacist from South Wales, as president for the coming year. Mr John Gilby, Nottingham City hospital, is vice-president.

National Council members are former president, Mr Bill Brookes, Mrs Lorna Cady and newly elected, Mr Peter Cooke, staff pharmacist Dudley Road Hospital, Birmingham. New district pharmaceutical officer at Blackpool, Ms Sally Sprake and Mr David Samways, district pharmaceutical officer, Cheltenham. Margaret Dolan and Peter Philips were co-opted.

## Ganderton new CPP governor

Professor David Ganderton, professor of pharmaceuticals at King's College, London, has been elected as a governor of the College of Pharmacy Practice.

In the recent elections, Miss Marion Hodges, district



John Steane, president of the British Society for the History of Pharmacy and other members 'try on' civic robes at the reception given by the deputy Lord Mayor, Councillor Mrs Margaret Smelt, at the annual conference in Hull (see p848)

## Dead strange Queen

Queen Elizabeth is among the contenders for the identity of the ghost in a Charmouth chemist, according to local stories. "Maybe she is reaching out to see whether I am a suitable person to play her role", jokes Pamela Lock who has been cast as the Queen during the Spanish Armada celebrations.

Her husband Francis moved from the Lyme Regis branch of Boots where the bloodthirsty spirit of Judge Jefferies is said to roam, only to encounter another restless spirit in the pharmacy on the site of a vast mason's yard. Here gravestones used to be chipped out. Could the ghost be that of a dissatisfied customer?

Among the strange goings-on objects have been shifted with supernatural force from shelves to baskets and there have been sounds of the dispensary drawer being opened at night, according to the *Dorset Evening Echo*.

And squeals from the nocturnal visitor have disturbed Mary Davis, wife of the former pharmacist, whose kitchen backs onto the dispensary...

## Student's Award

Alison Conway, from Northampton, a first year pharmacy student at Nottingham University, is one of two winners of the 1987 Pharmacia Awards. She will receive a bursary of £3,750 over her three year degree course.

**Riker** is providing £1000 for a hospital or community pharmacy research project in respiratory care. Further details from Dr R Walker, Galen Building, Sunderland Polytechnic, Sunderland SR2 7EE.

## APPOINTMENTS

**Janssen Pharmaceutical Ltd:** Alan Jones, MPS, has been appointed medical information manager. He joins the company from King's College Hospital where he was a drug information pharmacist.

**Vestric Reading:** Paul Chapman has been appointed assistant branch manager, Mr Chapman is promoted from a similar position at Bexhill, a branch half the size.



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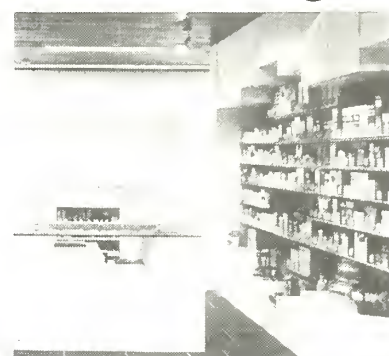
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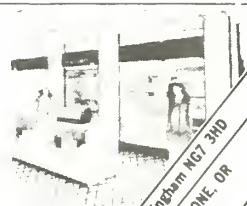
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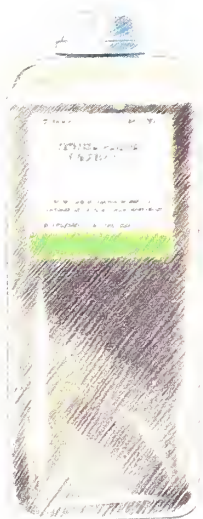


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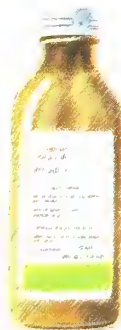
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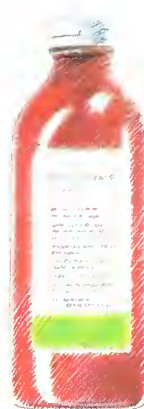


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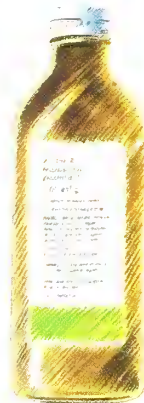


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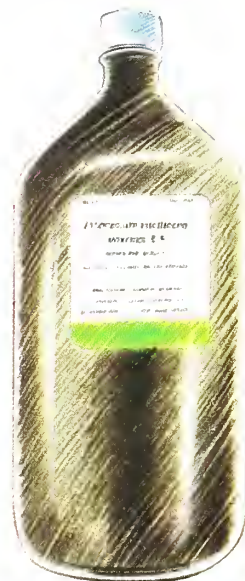
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